Violence and injuries are a leading cause of death and disability in the Western Pacific Region, responsible for more than 1 million deaths annually or one person every 30 seconds. Many of these deaths can be prevented by addressing modifiable behavioural risk factors and unsafe environments. Their inclusion in the Sustainable Development Goals (SDGs) presents a timely opportunity to position violence and injury prevention on the development agenda of Member States.

The draft *Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016–2020* is aligned with the proposed SDGs and was developed in consultation with Member States and sectoral experts. The draft action plan focuses on coordinated evidence-based, data-driven policies and actions in a range of sectors, including ministries of health working to reduce morbidity and mortality from violence and injuries.

The Regional Committee is requested to consider for endorsement the draft *Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016–2020*. 
1. CURRENT SITUATION

Violence and injuries are the leading cause of death for people aged 5–49 years and claim more lives than the combined total from diabetes, diarrhoeal diseases, HIV/AIDS, malaria, respiratory infections and tuberculosis. Road traffic injuries, falls and drowning are the three leading causes of injury deaths in the Western Pacific Region, killing more than 560,000 people a year. The highest rates of drowning are reported among children aged 1–4 years; road traffic injuries kill more people aged 15–49 years than any other cause; nearly 70% of fatal falls involve people aged 60 years and older; and between 15% and 68% of women in the Region have reported experiencing violence at the hands of an intimate partner during their lifetime. The priority accorded for prevention and response to violence and injuries is far from commensurate with the magnitude and preventability of the problem.

Addressing the causes of violence and injuries requires crosscutting action with coordination by the highest levels of government and collaboration across sectors — including education, health, transport and police — as part of an overarching whole-of-government approach.

Many countries in the Western Pacific Region already have programmes for prevention and response to road traffic injuries, linked to the ongoing implementation of the United Nations Decade of Action for Road Safety 2011–2020. However, policies for other forms of violence and injuries are far less common. Where strategies exist, implementation remains a challenge, with limited human and financial resources identified for violence and injury prevention in many countries in the Region. Further scaling up is also anticipated with World Health Assembly resolution WHA67.15 calling for the development of a global strategy to strengthen the role of health systems in addressing violence against women, girls and children.

Their extensive inclusion in the proposed SDGs presents a timely opportunity to position violence and injury prevention on the development agenda of Member States and increase accountability in efforts to address heavy national burdens of violence and injuries.

The draft Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016–2020 was developed in consultation with Member States, WHO headquarters and sectoral experts. Preparations commenced with technical consultations on the prevention, control and response to violence and injuries in the Region in Manila (28–31 October 2013) and in Suva (20–22 November 2014) to gather widespread Member State feedback on the objectives of a regional action plan. The process also included an experts' consultation in October 2013 on alignment with the SDGs and to review the draft objectives, recommended Member State actions and supportive
functions by WHO. Country consultations were held in China, Fiji, Mongolia, Solomon Islands and Viet Nam. In addition to gathering feedback from various sectors, national priorities were identified to guide the eventual development of national action plans. The final consultation of ministry of health focal points for violence and injury prevention was held on 12–13 May 2015 in Manila to consolidate feedback from country consultations and finalize a draft reflecting the perspective of participating Member States.

2. ISSUES

2.1 Recognizing the role of the health sector in violence and injury prevention and response

Ministries of health should play a key role in national programmes for violence and injury prevention. The health sector – through universal health coverage initiatives – leads the provision of accessible, equitable and quality care and treatment for the injured. The health sector also addresses support for the psychosocial impacts of violence and trauma and to build heightened awareness for community action, prevention and protection for vulnerable groups such as women, children and people with disabilities.

2.2 Contributing to comprehensive legislation and policies for violence and injury prevention

Responsibility for the development and implementation of legislation is predominantly outside the jurisdiction of ministries of health, thus reinforcing the need for strong coordination and cooperation mechanisms to ensure input from all sectors. As part of a whole-of-government response, ministries of health should contribute to the development of comprehensive legislation, regulations and policies for violence and injury prevention, with epidemiologic data, evidence-based interventions and monitoring and evaluation frameworks.

2.3 Strengthening information systems to support violence and injury prevention programmes

Complete and quality epidemiologic data is a major driver for national action for violence and injury prevention and a major responsibility for ministries of health. Despite this, information systems in many Member States remain under-developed. Where available, data may not be routinely disseminated or utilized for purposes of scaling up preventive action. Despite decades of research, a gap often exists between what is known to be effective and what is routinely implemented through national violence and injury prevention programmes. The lack of routine programme evaluation –
particularly in low- and middle-income countries – limits the evidence base for adaptability of interventions.

3. ACTIONS PROPOSED

The Regional Committee is requested to consider for endorsement the draft *Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016–2020*. 
DRAFT

World Health Organization
Western Pacific Region
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Executive summary

In the Western Pacific Region, violence and injuries kill more than one million people every year. The major causes include road traffic injuries, falls, drowning, poisoning, interpersonal violence and burns, with 85% of fatal injuries occurring in low- and middle-income countries.

Despite the lives lost, especially among the young and economically active age groups, and the economic consequences associated with these deaths and other non-fatal injuries, the prevention of and response to violence and injuries have not been given adequate priority. The complacency stems from a perception that injuries are “accidents” or the result of “fate” and, therefore, are unlikely to be prevented. Far from being unpredictable, violence and injuries have well-examined determinants and predictors, and violence and injuries can be prevented by addressing modifiable risk factors. Yet, despite evidence from highly cost-effective injury prevention and safety promotion programmes, programmes to protect populations from violence and injuries in most countries are fragmented and poorly resourced. The lack of clarity on institutional mandates results in inadequate capacities and systems (for example for risk assessment and epidemiologic surveillance), impinges on collaboration, and may also be preventing strong leadership on violence and injury prevention.

There are a range of evidence-based interventions that can be adapted by Member States, particularly in low- and middle-income countries. These interventions include:

a) advocating safety as a parameter for health and national development, and making safety a principle that underpins infrastructure and industrial development, transport systems, urban planning and health systems;

b) investing in prevention to produce recognizable outcomes;

c) strengthening the role of the health sector in violence and injury prevention since ministries of health play an essential role in evidence-based advocacy and service provision for the injured and for victims of violence and trauma; and

d) demonstrating leadership from the highest levels of government to ensure effective coordination and collaboration among sectors.

This Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016-2020 recommends immediate and sustainable steps to reduce high national burdens of violence and injuries and highlights the importance of intersectoral partnership. The plan outlines strategic actions and establishes regional targets to be achieved by 2020. The plan has four objectives and a
number of specific actions for Member States and WHO, guided by a set of indicators. The objectives are:

1) to ensure actions for violence and injury prevention are part of national plans for achieving the Sustainable Development Goals (SDGs);
2) to develop national action plans consolidating evidence-based action for violence and injury prevention, reflective of national policies, infrastructure, capacity and national context;
3) to establish or strengthen effective mechanisms for leadership and intersectoral coordination and collaboration for violence and injury prevention; and
4) to establish and/or strengthen violence and injury data collection systems, to include fatal and non-fatal outcomes plus behavioural risk factors.

Anchored in the principles of human rights and empowerment of people and communities, success in meeting these objectives recognizes the value of leadership and coordination, evidence-based interventions, and the life-course approach.
1. **Violence and injury prevention in the Western Pacific Region: why we need to act**

Violence and injuries are a serious public health concern in all countries and areas of the Western Pacific Region. With more than one million deaths each year,¹ violence and injuries kill more people than tuberculosis, malaria, HIV/AIDS, respiratory infections, diabetes and diarrhoeal diseases combined and are the leading cause of death in the Region for those aged 5–49 years (Appendix 1). Major causes include road traffic injuries (33%), falls (14%), drowning (8%), poisoning (4%), interpersonal violence (4%) and burns (2%) (Appendix 2). The public health priority accorded the prevention of, and response to, violence and injuries is far from commensurate with the magnitude of the problem.

Road traffic injuries are the leading cause of injury deaths in the Western Pacific Region. With 337 000 people dying on the Region’s roads each year,² traffic crashes kill more people in their first 50 years of life than any other cause and cost economies up to 3% of their gross domestic product (GDP). Of those killed on the roads, 75% are male and 69% are pedestrians, cyclists and motorcyclists. These “vulnerable” road users require greater protection through national road safety strategies and policies.

With rapidly ageing populations, falls are the second leading cause of fatal injuries. Indicating the major risk factor of declining strength and balance, 67% of the annual 140 000 fatal falls in the Region occur among those aged 60 years and over. Children under 5 years and those aged 15-29 years account for only 1.8% and 5.4% respectively of fatal falls.

Drowning is the third leading cause of injury death in the Region with an estimated 81 000 deaths each year. Drowning particularly impacts young people, with more than 30% of all drowning deaths in children under 15 years of age. Drowning is ranked in the top five causes of death in all age groups up to 29 years of age, and 58% of all drowning deaths in the Region occur among males.

Burns and poisonings claim the lives of more than 60 000 people in the Western Pacific Region every year. The greatest burden of burns (55%) and poisoning (35%) fall on those aged 60 years and above. Only 10% occur in children under the age of 15. With 45% of deaths occurring in females, burn injuries are the most evenly distributed injury type between the sexes except for suicide (46%).

More than 36 000 people are murdered in the Region each year, of which 75% are male. Men are 2.9 times more likely to be murdered than women in the Region. With 2 homicides for every

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¹ WHO Global Health Estimates 2012
² Road Safety in the Western Pacific Region, World Health Organization, Manila, Philippines, 2013
Annex 1

100 000 people, the mortality rate in the Western Pacific is the lowest of all WHO regions. Fatal interpersonal violence has decreased 34% since 2000 in the Region, more than double the global decrease (16%) over the same period. In the East Asia-Pacific region, the economic burden of child maltreatment is estimated to be equivalent to 1.9% of regional GDP\(^3\). Magnitudes of non-fatal violence are however substantially higher, particularly for vulnerable groups. WHO reports one in four women in the Region have experienced physical and or sexual violence at the hands of their intimate partners\(^4\) and people with disabilities are at greater risk of violence than those without disabilities.\(^5\)

Beyond deaths, non-fatal injuries can lead to various degrees of disability. Globally, road traffic crashes are estimated to result in more than 50 million non-fatal injuries each year and prevalence rates for intimate partner violence in the Western Pacific are among the world's highest. Regionally, violence and injuries account for a disease burden 35% greater than all communicable diseases combined. Certain types of non-fatal injuries such as elder falls (hip fractures), road traffic head injuries and full thickness burns can have an enormous impact on health systems. In many instances these injuries require long-term care, treatment and rehabilitation albeit with uncertain prognoses.

Despite these data, violence and injuries are often not seen as public health priorities. Society often incorrectly labels injuries as the result of “fate” or “accidents” that are unlikely to be preventable. Violence and injuries are not chance occurrences or, they have well-studied determinants and predictors and can be prevented by addressing modifiable risk factors, hence the rationale for injury prevention and safety promotion programmes.

The effectiveness of injury prevention and safety promotion programmes has long been recognized and adopted by governments in many high-income countries. However, the challenge remains in the Western Pacific Region, with 85% of fatal injuries in low- and middle-income countries.

Despite compelling evidence of the existence of highly cost-effective interventions (Appendix 3), in most countries, programmes to protect populations from violence and injuries are fragmented, poorly resourced and limited.

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\(^4\) Global and regional estimates for violence against women: prevalence and health effects of intimate partner and non-partner sexual violence. 2013. World Health Organization, Geneva, Switzerland

Other sectors may have a strong mandate and desire to develop national programmes relating to one or more areas of violence and injury prevention, but those sectors may not have the epidemiologic tools or surveillance systems to fully quantify the problem or measure successful outcomes. Ministries of health have these tools and can support a whole-of-government approach to violence and injury prevention by contributing to evidence-informed policy and advocacy.

With violence and injuries having a particular impact on the young and economically active segments of the population, governments must recognize the consequences of inaction. In low- and middle-income countries of the Region, the already high burden of violence and injuries is predicted to increase in the absence of sustained and coordinated action. Concurrently, there are many opportunities to achieve substantial reductions in mortality and morbidity, particularly in the prevention of road traffic injuries, falls and drowning.

2. What we need to do

Member States, particularly low- and middle-income countries, can adapt and adopt a range of evidenced-based interventions that have demonstrated reductions in violence and injuries.

1) Advocate including safety as a parameter for health and national development

Governments must include safety as a parameter for measuring national development. Safety needs to be a principle that underpins infrastructure and industrial development, transportation systems, urban planning and health systems.

Development targets that also directly or indirectly relate to violence and injury prevention and the health of populations are being proposed under the SDGs (Appendix 4). This provides a platform for Member States in the Western Pacific Region, especially low- and middle-income countries, to scale up national action for violence and injury prevention, in the context of achieving the SDG targets.

2) Invest in prevention of violence and injuries

The most recognizable outcomes in reducing the burden of violence and injury have been achieved when governments have invested in prevention. Prevention through policies, legislation and enforcement has shown population-wide health and safety benefits.

Prevention of violence and injury reduces the enormous financial liability of medical costs and lost productivity, for example preventing premature mortality, disability, absenteeism and reduced quality of life.
Innovative mechanisms for sustainable funding for violence and injury prevention exist in regional countries. For example, mechanisms for road safety include insurance levies on vehicle registrations, earmarking fuel and road taxes, and apportioning revenue from penalties and infringement notices. Other options include premium-based insurance and earmark alcohol excise taxes.

3) **Strengthen the role of the health sector in violence and injury prevention**

Effective violence and injury prevention requires action across all sectors and disciplines. Ministries of health play an essential role in advocating data-driven and evidence-based policy and action. The health sector also provides care and treatment for the injured, counselling or other forms of mental health services for victims of violence and trauma, the design, implementation and evaluation of public health interventions, and the collection, analysis, reporting, use and dissemination of surveillance data, all of which contributes to a coordinated, systematic and scientific approach to reduce morbidity and mortality.

4) **Effective coordination and collaboration requires leadership from the highest levels of government**

Political commitment at the highest levels of government enables intra-ministerial cooperation, cross-sectoral collaboration, allocation of resources and social change. Political leadership and champions are also needed to bring sectors together. Examples of sectors/jurisdictions/disciplines that are often involved in the prevention of major subtypes of violence and injuries include health, police, justice, transport, finance, infrastructure, planning, education, housing, labour, and urban and rural development (Appendix 5).

3. **Where we are**

The Regional Committee has prioritized violence and injury prevention for the Western Pacific and the World Health Assembly. In 2010, the United Nations General Assembly proclaimed 2011–2020 as the Decade of Action for Road Safety.

The concept of safety promotion supports a greater focus on road safety, drowning prevention, urban health, disaster response and resilience building. Safety promotion describes the process applied at local, national and international levels by individuals, communities, governments and others to develop and sustain safety. This includes all efforts agreed upon to modify structures and physical,

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6 Regional Committee for the Western Pacific Resolution WPR/RC63.R3
7 World Health Assembly Resolutions WHA67.15 (interpersonal violence) WHA64.27 (child injury) and WHA57.10 (road safety)
social, technological, political, economic and organizational environments, as well as safety-related attitudes and behaviours.\(^9\)

This Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016–2020 will support countries and areas in taking immediate and sustainable steps to reduce high national burdens of violence and injuries and introduce mechanisms to normalize and institutionalize safety promotion.

In establishing recommended actions for countries and areas, the role of a wide range of intersectoral partners is highlighted. Since violence and injuries have a major impact on urban health and safety, action by city-level governments, as agents of rapid action and change, is also appropriate and timely. United Nations agencies, nongovernmental organizations, donors and other actors in the public health and safety sectors play a crucial role in supporting the implementation of this regional action plan.


Goal
To reduce the burden of death and disability due to violence and injuries in the Western Pacific Region.

Purpose
To provide strategic guidance for the prevention of violence and injuries and the promotion of safety in the Western Pacific Region.

Overarching principles and approaches
This regional action plan was developed based on the following overarching principles and approaches:

*Human rights*
Strategies and interventions for the prevention of violence and injuries must be gender responsive, culturally appropriate and compliant with international human rights conventions and agreements. Strategies and interventions should consider conventions and agreements relating to people at greater

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risk of violence and injuries, such as the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities.

Leadership and coordination
The determinants of violence and injuries are intersectoral and multidisciplinary, so effective action for injury prevention and safety promotion requires a whole-of-government approach.

Evidence-based interventions
Strategies and interventions for violence and injury prevention and safety promotion are based on scientific evidence and best practices.

Life-course approach
National strategies and programmes for violence and injury prevention consider health and social needs at all stages of the life course.

Empowerment of people and communities
Individuals, families, communities and societies should be empowered and involved in the prevention of violence and injuries.

Strategic actions
1) Advocate action that addresses leading causes of death and disability caused by violence and injury.
2) Strengthen national capacity for coordinated and collaborative multisectoral responses to violence and injuries.
3) Disseminate examples of evidenced-based best-practice interventions to promote safety, prevent violence and injuries and save lives.

Regional targets by 2020
1) 80% of countries and areas have designated senior managers within the ministry of health with responsibility for violence and injury prevention, and these managers are actively engaged with counterparts in other relevant ministries and jurisdictions.
2) 80% of countries and areas have a mechanism for strengthening institutional capacity, including human resources, for the prevention and response to violence and injuries.
3) 100% of countries and areas are implementing action plans or programmes for the prevention of violence and injuries, according to needs and the national context.
Objectives and actions for countries and areas and WHO

The Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016–2020 draws on global guidance and tailors relevant components to the situation and context of the Region. The action plan’s objectives have been developed in consideration of relevant SDGs, the objectives of the United Nations Decade of Action for Road Safety (2011–2020),\(^ {10}\) the recommendations of WHO’s Global Status Report on Road Safety 2013\(^ {11}\) and Global Status Report on Violence Prevention 2014,\(^ {12}\) the draft Global Plan of Action on Strengthening the Role of the Health System to Address Interpersonal Violence, in particular against Women and Girls, and against Children,\(^ {13}\) the Global Report on Drowning,\(^ {14}\) and other key references of WHO’s normative guidance including the World Report on Road Traffic Injury Prevention,\(^ {15}\) the World Report on Violence and Health,\(^ {16}\) the World Report on Child Injury Prevention\(^ {17}\) and the World Report on Disability.\(^ {18}\)

Objective 1

To ensure evidenced-based actions for violence and injury prevention are part of the national plan for achieving the SDGs.

Recommended actions for countries and areas

1) Raise awareness among policy-makers on the magnitude, consequences, risks and preventability of violence and injuries.

2) Conduct a situational assessment on the health, social and economic impact of violence and injuries, particularly in relation to relevant SDG indicators.

3) Identify and prioritize policies and actions to address violence and injury prevention.

4) Set time-specific targets for enforced legislation, regulations and interventions to prevent violence and injuries and promote safety in various settings.

5) Develop advocacy and social mobilization strategies to highlight the importance of violence and injury prevention in development planning.

6) Develop and implement a communications plan for violence and injury prevention.

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\(^ {11}\) Global Status Report on Road Safety 2013, Geneva: WHO.  
\(^ {13}\) Draft Global Plan of Action on Strengthening the Role of the Health System to Address Interpersonal Violence, in particular against Women and Girls and against Children (http://www.who.int/topics/violence/interpersonal-violence-against-women-children/en/).  
Annex 1

Country indicators
1) Baseline situational assessment conducted with reference to the magnitude of the problem, as well as the health, social and economic impact of violence and injuries.
2) Targets for violence and injury prevention, along with safety promotion, are included in national plans towards achieving the SDGs.

Actions by WHO
1) Develop tools, approaches and strategies to support situational assessments, prioritization of policies and action, cost of injuries and violence, advocacy and social mobilization.
2) Organize regional training opportunities for media to generate public support for violence, injury prevention and safety promotion.
3) Disseminate best practices and facilitate exchange of information including key WHO publications, for example the global status reports for road safety and violence prevention and the Global Report on Drowning.

WHO indicators
1) Number of countries supported in the conduct of situational assessments.
2) Impact of media-training programmes in raising public awareness on the importance of violence and injury prevention.

Objective 2
To develop and implement national action plans consolidating data-driven evidence-based action for violence and injury prevention, reflective of national policies, infrastructure, capacity and national context. Core, expanded and comprehensive actions are grouped to guide progressive action.

Recommended actions for countries and areas

Core actions
1) Raise awareness among the general public on the magnitude, consequences, risks and preventability of violence and injuries.
2) Review coverage and implementation of policies, legislation and regulations, identifying loopholes and limitations, for example, national road safety strategy targets aligned with the objectives of the United Nations Decade of Action for Road Safety 2011–2020.
3) Review available preventive services and their utilization by the community.
4) Build human resource capacity for effective prevention and response to violence and injuries.
5) Develop mechanisms for timely care, treatment and referral of victims of violence and injuries, starting with community networks and grassroots first responders.

6) Advocate to leaders and champions for greater prioritization of action for violence and injury prevention.

7) Develop and implement localized evidence-based interventions addressing the greatest opportunity for outcomes in populations with the highest risk of violence and injury, including women, youth, children and people with disabilities.

**Expanded actions**

1) Advocate, develop and enforce legislation for all forms of violence and injury prevention consistent with evidence-based best practices and national contexts.

2) Allocate human and material resources to implement interventions, including innovative mechanisms and partnerships to:
   a. train and equip relevant authorities in strategic enforcement practices and approaches;
   b. expand the reach and coverage of preventive services utilized by communities; and
   c. train “trainers” in order to expand workforce competencies and institutional capacity.

3) Develop national indicators in line with the implementation of the SDGs.

4) Formalize pre-hospital trauma care to provide timely, call-centre dispatched services catering to an increasing severity of injury.

5) Scale up subnational, evidence-based interventions for priority forms of violence and injury.

**Comprehensive actions**

1) Stringent and consistent enforcement of all legislation and regulation pertaining to violence and injury.

2) Fully allocate financial and human resources to multi-year frameworks and programmes to prevent violence and injuries at national, subnational and community levels.

3) Expand all evidence-based interventions to national scale, monitoring and evaluating for implementation and outcomes.
Annex 1

Country indicators

1) Achieve the goals of the United Nations Decade of Action for Road Safety and reduce by 50% the increase in road traffic mortality from 2011 to 2020.
2) Introduce comprehensive legislation for the five major risk factors for road traffic injury: speed, motorcycle helmets, child restraints, drink-driving and seatbelts.
3) Develop and implement at least one national policy or programme to address interpersonal violence, particularly, violence against women, children, youth and older people.
4) Develop and implement at least one national policy or programme to address child injuries.
5) Allocate ongoing human and financial resources specifically for violence, injury prevention and safety promotion.
6) Align the national violence and injury prevention and safety promotion programme with the relevant SDGs.

Actions by WHO

1) Develop tools, guidance and workshop materials for planning and implementation of national and local violence and injury prevention programmes, including safety promotion.
2) Support advocacy for policies, legislation, regulations and enforcement measures for violence and injury prevention.
4) Create opportunities for development of technical knowledge, skills and institutional capacity.
5) Through active engagement with national focal point networks for violence and injury prevention, disseminate examples of effective best practices among regional countries and areas.

WHO indicators

1) Number of countries and areas supported for advocacy for legislation, policies, regulations and enforcement of national programmes on violence and injury prevention.
2) Number of tools, guidance and workshop materials developed to support and improve programme planning, implementation and monitoring for violence, injury prevention and safety promotion.
3) Number of demonstration sites established to disseminate best practices for effective violence, injury prevention and safety promotion.

Objective 3

To establish or strengthen effective mechanisms for leadership and intersectoral coordination and collaboration for violence and injury prevention.

19 As defined by WHO in the Global Status Reports for Road Safety 2013 and 2015.
**Recommended actions for countries and areas**

1) Designate senior management officers responsible for violence and/or injury prevention within ministries of health, minimizing rotation into the post to maximize capacity, competence, experience and expertise in the role(s).

2) Identify and map jurisdictional responsibilities for violence and injury subtypes and determine roles, responsibilities and accountabilities for injury prevention and safety promotion across all relevant government and nongovernment sectors.

3) Establish and/or strengthen a national mechanism for coordination and collaboration that will also facilitate local action, community participation and engagement with all sectors of society.

4) Conduct a capacity-needs assessment for relevant staff of the ministry of health and develop opportunities to build capacity based on the results.

5) Build consensus around parameters for successful intersectoral collaboration.

6) Map opportunities and political support to scale up violence and injury prevention.

**Country indicators**

1) Senior management officers are designated with responsibility for violence and injury prevention in the ministry of health and other relevant ministries.

2) National jurisdictional responsibilities (government and nongovernmental) for violence, injury prevention and safety promotion are regularly and routinely mapped.

3) Sustainable mechanisms for intersectoral coordination are established and functional.

4) Capacity-needs assessment completed and workforce capacity development plan in place.

**Actions by WHO**

1) Regularly convene national focal points for violence and/or injury prevention to support opportunities for professional development.

2) Develop tools and guidance to improve the effectiveness of mechanisms for leadership and intersectoral action that enable local action, community participation and engagement with all sectors of society.

3) Develop tools and guidance for building consensus on parameters for successful intersectoral collaboration.

4) Organize regional training opportunities for leadership and intersectoral action for violence, injury prevention and safety promotion.

5) Support the development of frameworks for monitoring and evaluating multisectoral action for violence and injury prevention.
Annex 1

**WHO indicators**

1) Number of training opportunities for leadership development for effective mechanisms for intersectoral action.

2) Number of tools and guidance developed for strengthening coordination for intersectoral action.

**Objective 4**

To establish and/or strengthen violence and injury data collection systems, to include fatal and non-fatal outcomes plus behavioural risk factors.

**Recommended actions for countries and areas**

1) Based on national contexts, develop or strengthen surveillance systems to capture violence and unintentional injury deaths, non-fatal injuries and risk factors using a range of sources:
   a. violence and unintentional injury deaths, for example vital registration, death-cause registries, verbal autopsy, fatal injury surveillance systems, homicide data, police, transport-related and occupational databases;
   b. non-fatal outcomes, for example hospital admissions diagnosis and data from external-cause codes and emergency department data, WHO Global Burns Registry;
   c. behavioural, environmental and activity risk factors, for example community-based surveys for violence and injuries, injury modules in routine national censuses and risk factor surveys, role of alcohol, WHO STEPS, the Demographic Health Survey and the Global School-based Student Health Survey; and
   d. data collections should have a particular focus on groups identified as at risk of violence and injury, including women, youth, children and people with disability.

2) Use data and research findings as the basis for policy and programme development.

3) Engage with academia and research institutions to strengthen capacity for research on prevention and control of violence and injuries and support monitoring and evaluation multisectoral actions.

4) Participate in WHO's standardized monitoring activities including all global and regional status reports and situational assessments.

**Country indicators**

1) Number of countries with vital registration/death-cause registry and hospital surveillance system that quantifies and classifies violence and injuries via International Classification of Disease (ICD) external-cause codes.
2) Number of countries completing a national violence and injury surveys including behavioural, social and environmental risk factors or inclusion of violence- and injury-related questions in national censuses or surveys.

3) Number of countries with policies for violence and injury prevention referencing country-specific research.

4) Number of countries with a mechanism to frequently review behavioural risk factors for road traffic injuries, such as use of motorcycle helmets, seatbelts and child restraints, speeding, alcohol impaired driving.

5) Number of countries participating in standardized regional or global status reports.

**Actions by WHO**

1) Develop country profiles, using a range of published sources, highlighting the national situation of violence and injury prevention in all countries in the Region.

2) Develop guidance to facilitate the collection, coding and use of national data on fatal and non-fatal injuries, including the prevalence of risk and protective factors.

3) Assist countries in building capacity for sustainable surveillance systems.

4) Support monitoring and evaluation of programmes for the prevention and response to violence and injuries.

**WHO indicators**

1) Number of capacity-building opportunities organized to strengthen surveillance systems for effective violence and injury prevention.

2) Guidance provided to assist the development and implementation of data collection systems for violence and injury prevention.

**Monitoring and evaluation**

A midterm review of progress in implementing this action plan will be undertaken in 2018. A final review of the outcomes of this regional action plan will be undertaken in 2021. A regional advisory committee for both implementation and evaluation will be established.
### Annex 1. Leading causes of death in the Western Pacific, 2012

<table>
<thead>
<tr>
<th>Dynamic Age Range</th>
<th>Causes</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0—27 days</td>
<td>Preterm birth complications 60 811</td>
<td>60 811</td>
</tr>
<tr>
<td></td>
<td>Lower respiratory infections 46 653</td>
<td>46 653</td>
</tr>
<tr>
<td>1—59 months</td>
<td>Drowning 14 442</td>
<td>14 442</td>
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<tr>
<td></td>
<td>Stroke 221 161</td>
<td>221 161</td>
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<tr>
<td>5—14 years</td>
<td>Road traffic injury 72 472</td>
<td>72 472</td>
</tr>
<tr>
<td></td>
<td>Stroke 515 128</td>
<td>515 128</td>
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<tr>
<td>15—29 years</td>
<td>Road traffic injury 100 107</td>
<td>100 107</td>
</tr>
<tr>
<td>30—49 years</td>
<td>Stroke 1 860 179</td>
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<td>50—59 years</td>
<td>Stroke 2 703 356</td>
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<td>Self-harm 24 440</td>
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<td>30—49 years</td>
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<td>Chronic obstructive pulmonary disease 731 680</td>
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<td>Cirrhosis of the liver 32 869</td>
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<td>Hypertensive heart disease 49 172</td>
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<td>Other malignant neoplasms 143 865</td>
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<tr>
<td>70+ years</td>
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<td>Source: WHO Global Health Estimates, 2014</td>
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Appendix 2. Typology of injuries and its inclusion in WHO regional action plans

INJURY

Unintentional Injury
- Road traffic injury
- Drowning
- Falls
- Burns
- Poisoning
- Other unintentional injuries

Intentional Injury
- Interpersonal Violence
  - Child Maltreatment
  - Intimate partner & sexual violence
  - Youth Violence
  - Elder Maltreatment
  - Armed, criminal and gang-related violence
- Self-directed Violence
- Collective Violence


Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific

No global or regional action plan
### Annex 1

#### Appendix 3. Examples of evidenced-based interventions to prevent violence and injuries

<table>
<thead>
<tr>
<th>ROAD TRAFFIC INJURY</th>
<th>DROWNING</th>
<th>FALLS</th>
<th>BURNS</th>
<th>POISONING</th>
<th>INTERPERSONAL VIOLENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stringent and consistent enforcement of all road safety legislation&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Install barriers controlling access to water&lt;sup&gt;9,10&lt;/sup&gt;</td>
<td>Physical strength and balance training for older people&lt;sup&gt;11&lt;/sup&gt;</td>
<td>Mandatory smoke detectors in homes and other premises&lt;sup&gt;13&lt;/sup&gt;</td>
<td>Poisons information and reference centres/hotlines&lt;sup&gt;12&lt;/sup&gt;</td>
<td>Home visitation programmes by nurses to support parents for the prevention of child maltreatment&lt;sup&gt;4,15,16&lt;/sup&gt;</td>
</tr>
<tr>
<td>Mandatory use of motorcycle helmets&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td>Provide safe places away from water for pre-school children, with capable child care and supervision&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Community-based group programmes which may incorporate fall prevention education and Tai Chi-type exercises or dynamic balance and strength training&lt;sup&gt;11&lt;/sup&gt;</td>
<td>Safer lamps and stoves&lt;sup&gt;13&lt;/sup&gt;</td>
<td>Child-resistant closures for medicines and other chemicals&lt;sup&gt;12&lt;/sup&gt;</td>
<td>Parenting education programmes for the prevention of child maltreatment&lt;sup&gt;14,15,16&lt;/sup&gt;</td>
</tr>
<tr>
<td>Mandatory use of seat belts for all vehicle occupants&lt;sup&gt;3,4&lt;/sup&gt;</td>
<td>Teach school-age children basic swimming, water safety and safe rescue skills&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Use of hip protectors for those at risk of a hip fracture due to a fall&lt;sup&gt;11&lt;/sup&gt;</td>
<td>Temperature controls on hot water supplied at taps&lt;sup&gt;13&lt;/sup&gt;</td>
<td>Package medicines in non-lethal quantities&lt;sup&gt;12&lt;/sup&gt;</td>
<td>Child sexual abuse avoidance training&lt;sup&gt;14,16&lt;/sup&gt;</td>
</tr>
<tr>
<td>Correctly fitted and age/height/weight appropriate child restraints&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Train bystanders in safe rescue and resuscitation&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Prescription of appropriate assistive devices to address physical and sensory impairments&lt;sup&gt;11&lt;/sup&gt;</td>
<td>Child resistant cigarette and stove lighters&lt;sup&gt;13&lt;/sup&gt;</td>
<td>Replace toxic ingredients with safer alternatives&lt;sup&gt;12&lt;/sup&gt;</td>
<td>Preschool enrichment programmes for the prevention of youth violence&lt;sup&gt;9,15&lt;/sup&gt;</td>
</tr>
<tr>
<td>Establish drink–driving legislation with a maximum Blood Alcohol Concentration (BAC) of 0.05g/dl for the general population and 0.02g/dl for professional and novice drivers&lt;sup&gt;5,6&lt;/sup&gt;</td>
<td>Lifeguards at designated swimming locations&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Home assessment and environmental modification for those with known risk factors or a history of falling&lt;sup&gt;11&lt;/sup&gt;</td>
<td>Ban sales and unregulated production of fireworks&lt;sup&gt;13&lt;/sup&gt;</td>
<td>Locked storage of medicines, agricultural pesticides and other toxic chemicals&lt;sup&gt;12&lt;/sup&gt;</td>
<td>Life skills training for the prevention of youth violence&lt;sup&gt;4,15,16&lt;/sup&gt;</td>
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<tr>
<td>Setting urban speed limits that maximize the safety and survivability of pedestrians and other vulnerable road users&lt;sup&gt;7,8&lt;/sup&gt;</td>
<td>Personal flotation devices&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Mandatory fall protection measures for high windows and balconies&lt;sup&gt;12&lt;/sup&gt;</td>
<td>Treatment in dedicated burns centres&lt;sup&gt;13&lt;/sup&gt;</td>
<td>Mentoring and bullying prevention programmes&lt;sup&gt;14,16&lt;/sup&gt;</td>
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<tr>
<td>Road infrastructure that separates pedestrians and other vulnerable road users from faster moving, heavier vehicles&lt;sup&gt;7&lt;/sup&gt;</td>
<td>Community programmes such as “Kids Can’t Fly”&lt;sup&gt;12&lt;/sup&gt;</td>
<td>Demarcation of cooking and living areas&lt;sup&gt;13&lt;/sup&gt;</td>
<td>School-based programmes for the prevention of dating violence against women and girls and violence against people with disability&lt;sup&gt;17,18&lt;/sup&gt;</td>
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<td>Annex 1</td>
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<tr>
<td><strong>Standards for nursery and play equipment for children</strong>&lt;sup&gt;1&lt;/sup&gt;&lt;sup&gt;12&lt;/sup&gt;</td>
<td><strong>Immediate first aid including cooling</strong>&lt;sup&gt;13&lt;/sup&gt;</td>
<td><strong>Microfinance and gender equality training to prevent violence against women; accompanied by treatment for abusers (including rehabilitation) and criminalizing abuse</strong>&lt;sup&gt;4&lt;/sup&gt;&lt;sup&gt;14&lt;/sup&gt;&lt;sup&gt;15&lt;/sup&gt;</td>
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<td>Setting and enforcing safety standards for construction sites&lt;sup&gt;12&lt;/sup&gt;</td>
<td><strong>Social and cultural norms changes to prevent physical and sexual violence against women and people with disability</strong>&lt;sup&gt;14&lt;/sup&gt;&lt;sup&gt;15&lt;/sup&gt;</td>
<td><strong>School and university programmes for the prevention of sexual violence</strong>&lt;sup&gt;14&lt;/sup&gt;&lt;sup&gt;15&lt;/sup&gt;</td>
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<td><strong>Changes to the physical environment (such as increasing street lighting) for the prevention of sexual violence</strong>&lt;sup&gt;14&lt;/sup&gt;&lt;sup&gt;17&lt;/sup&gt;</td>
<td><strong>Professional caregivers awareness programmes to prevent elder abuse</strong>&lt;sup&gt;14&lt;/sup&gt;&lt;sup&gt;15&lt;/sup&gt;</td>
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<td><strong>Public information campaigns to prevent elder abuse</strong>&lt;sup&gt;14&lt;/sup&gt;&lt;sup&gt;15&lt;/sup&gt;</td>
<td><strong>Caregivers support programmes to prevent elder abuse</strong>&lt;sup&gt;14&lt;/sup&gt;&lt;sup&gt;15&lt;/sup&gt;</td>
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<td><strong>Residential care policies to prevent elder abuse</strong>&lt;sup&gt;14&lt;/sup&gt;&lt;sup&gt;15&lt;/sup&gt;</td>
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<tr>
<th>Sustainable Development Goal</th>
<th>Link to violence and injury prevention</th>
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<tr>
<td><strong>Goal 3.2</strong></td>
<td><strong>By 2030 end preventable deaths of newborns and under-5 children</strong></td>
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<td>Killing more than 43,000 children each year, injuries are responsible for 10.5% of all under-5 mortality.</td>
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<td>Drowning (25%), road traffic injuries (14%) and other unintentional injuries (46%) are the leading causes of injury death.</td>
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<tr>
<td><strong>Goal 3.5</strong></td>
<td><strong>Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</strong></td>
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<td>Alcohol consumption is increasing and is now associated with the majority of road traffic fatalities in many countries in the Region.</td>
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<td>Alcohol significantly increases the frequency and severity of violence, contributing to both the perpetration and victimization of violence.</td>
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<td>Globally, 30% of violence is associated with alcohol.</td>
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<tr>
<td><strong>Goal 3.6</strong></td>
<td><strong>By 2020 halve global deaths and injuries from road traffic “accidents”</strong></td>
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<td>Someone dies on the roads every 90 seconds in the Western Pacific Region. Almost 70% of those killed on the Region’s roads are the so-called vulnerable road users – pedestrians, bicyclists and motorcyclists.</td>
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<td>In many low- and middle-income countries of the region, road trauma continues to increase.</td>
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<tr>
<td><strong>Goal 4.a</strong></td>
<td><strong>Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all</strong></td>
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<td>According to the Global School Health Survey (GSHS) prevalence of physical fights and bullying ranges from 11.6% to 71.1% and 17.7% to 74% respectively in regional countries.</td>
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<td>The Global Status Report on Violence Prevention 2014 documents that 13 regional countries have national or subnational laws banning corporal punishment in one or more settings (e.g. in the home and school)</td>
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<tr>
<td><strong>Goal 5.2</strong></td>
<td><strong>Eliminate all forms of violence against women and girls in public and private sphere, including trafficking and sexual and other types of exploitation</strong></td>
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<td>In the Western Pacific Region, one in four women has experienced physical and/or sexual violence at the hands of their intimate partner. Prevalence ranges from 15–68% in regional countries.</td>
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<tr>
<td>Goal 6.1</td>
<td>Access to safe drinking water has historically been a major determinant in countries reducing the risk of drowning. Not having to collect water from natural sources reduces the exposure of those collecting water (often children). Almost 30,000 women and girls aged 5–70+ drown in the Western Pacific Region every year.</td>
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<td>Goal 6.b</td>
<td>Any accumulation of water can result in drowning, particularly for young children. Recommended community actions for drowning prevention centre around the identification of potential hazards and removing the drowning risk by strategic use of barriers such as well covers.</td>
</tr>
<tr>
<td>Goal 11.2</td>
<td>Of the 337,000 people killed on the Region’s roads each year, 33% are women, 4% are children under 15 and 29% are aged above 60 years. 25% of all road traffic fatalities in the Region are pedestrians.</td>
</tr>
<tr>
<td>Goal 11.5</td>
<td>More than 81,000 people drowning in the Region each year, making it the leading cause of death for children aged 5–14.</td>
</tr>
<tr>
<td>Goal 11.7</td>
<td>Of the 337,000 people killed on the Region’s roads each year, 33% are women, 4% are children under 15 and 29% are aged above 60 years. 25% of all road traffic fatalities in the Region are pedestrians.</td>
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### Annex 1

<table>
<thead>
<tr>
<th>Goal 16.1</th>
<th>Significantly reduce all forms of violence and related death rates everywhere</th>
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<td></td>
<td>More than 36,000 people are murdered in the Western Pacific Region each year. The Western Pacific has the lowest homicide rate of all WHO regions, however within the range across regions varies dramatically from 0.4 per 100,000 in Japan to 12.4 per 100,000 in the Philippines.</td>
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<th>Goal 16.2</th>
<th>End abuse, exploitation, trafficking and all forms of violence and torture against children</th>
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<td>The regional prevalence of violence against children remains to be determined however globally, one in four adults has reported experiencing physical violence during their childhood.</td>
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<thead>
<tr>
<th>Goal 16.a</th>
<th>Strengthen relevant national institutions, including through international cooperation, for building capacities at all levels, in particular in developing countries, for preventing violence and combating terrorism and crime</th>
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<tr>
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<td>WHO has developed a wide range of materials and guidance for the development of national and subnational capacity for the prevention of interpersonal violence.</td>
</tr>
</tbody>
</table>
Appendix 5. Examples of multisectoral stakeholders for prevention and response to various types of violence and injuries

Road traffic injury
- Transport
- Police
- Children's Affairs
- Education
- Housing
- Senior's Affairs
- Infrastructure
- Urban Development
- Labour
- Coast Guard
- Finance

Drowning
- HEALTH
- Children's Affairs
- Education
- Police
- Housing
- Senior's Affairs
- Infrastructure
- Urban Development
- Labour
- Coast Guard
- Finance

Falls
- HEALTH
- Children's Affairs
- Education
- Police
- Housing
- Senior's Affairs
- Infrastructure
- Urban Development
- Labour
- Coast Guard
- Finance

Burns
- HEALTH
- Children's Affairs
- Energy
- Housing
- Labour
- Coast Guard
- Finance

Poisoning
- HEALTH
- Agriculture
- Rural Affairs
- Occupational Health and Safety
- Finance

Interpersonal violence
- HEALTH
- Agriculture
- Justice
- Rural Affairs
- Police
- Education
- Planning and Development
- Social Affairs
- Finance
- Women's and Children's Affairs
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Appendix 6. Tools and resources for violence and injury prevention

All violence and injuries

Centers for Disease Control and Prevention (CDC): Injury Prevention & Control
http://www.cdc.gov/injury/
For more than 20 years, Centers for Disease Control and Prevention (CDC) Injury Center has helped protect people from violence and injury. Being a leading authority on violence and injury prevention. The CDC Injury Centre research on ways to prevent violence and injuries, using science to create real-world solutions to keep people safe, healthy, and productive (http://www.cdc.gov/injury/about/index.html). In 1992, CDC established the National Center for Injury Prevention and Control (NCIPC) as the lead federal organization for injuries and violence prevention. The site offers information on: motor vehicle safety (from seat belts to global road safety and social media content), violence prevention (presenting funded programs and initiatives plus information on different forms of violence from infants to the elderly), data and statistics and a range of internal and external publications and resources.

Cochrane Injuries Group: WHO Collaborating Centre for Research and Training in Injury, Violence and Accident Prevention
http://injuries.cochrane.org/
The Injuries Group has an international membership with its editorial based located at London School of Hygiene and Tropical Medicine, a designated WHO Collaborating Centre for Research and Training in Injury and Violence Prevention. Its members include researchers, health care professionals and anyone using health services. This centre’s work involves preparing, maintaining and promoting the accessibility of systematic reviews in the prevention, treatment and rehabilitation of traumatic injury, from road traffic injuries to poisoning, and the emergency resuscitation of seriously injured and burned patients. (http://injuries.cochrane.org/injuries-group-reviews).

Community Tool Box
http://ctb.ku.edu/en
The Community Tool Box is a public service of the University of Kansas. It is developed and managed by the KU Work Group for Community Health and Development and partners nationally and internationally. The Community Tool Box is a part of the KU Work Group’s role as a designated World Health Organization Collaborating Centre for Community Health and Development. The Community Tool Box is a free, online resource for those working to build healthier communities and bring about social change. It offers thousands of pages of tips and tools for taking action in communities.

http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-international-injury-research-unit/
The Johns Hopkins International Injury Research Unit was established within the Johns Hopkins Bloomberg School of Public Health as a way to respond to the growing burden of injuries worldwide. Through research, collaboration and training, the Johns Hopkins International Injury Research Unit strives to identify effective solutions to the growing burden of injuries in low- and middle-income populations, influence public policy and practice, and advance the field of injury prevention throughout the world. Capacity development is a core feature of the (JH-IIRU) making available workshops and courses in injury prevention as publications.
Monash University Injury Research Institute (MIRI): WHO Collaborating Centre for Violence, Injuries and Disabilities
http://www.monash.edu/miri/research/reports/index.html
The Monash Injury Research Institute is a comprehensive injury prevention research centre. It is grounded in scientific and academic excellence, while producing research which has real-life implications for translation into policy. MIRI focuses on both, the prevention of injury as well as the treatment and recovery from injury, translating public health research into real world outcomes. In this site research papers, report series and safety resources can be found, on topics ranging from violence to transport safety and injury outcomes.

Pan Pacific Safe Communities Network (PPSCN)
http://www.ppscn.org/
The Pan Pacific Safe Community Network (PPSCN) has been established by representatives from four countries (Australia, Canada, New Zealand and the United States of America) that have for the past 20 years or more been involved in the International Safe Communities Network (ISCN) as well as local Safe Community networks as Designated Safe Communities, Affiliate or Certifying Centres. Collectively there are around 122 Designated (international/regional/national) Safe Communities in New Zealand, United States of America, Australia and Canada. As part of its objectives the PPS CN provides a forum for collaboration and knowledge sharing between Safe Communities within the Pan Pacific region; identifies ways to strengthen the uptake of best-practice in injury prevention and safety promotion; identifies ways to strengthen the lead roles for Safe Communities within the Pan Pacific region; and works collaboratively with the International Safe Community Network, the World Health Organization and any other relevant Safe Community Networks. The website offers webinars on topics such as child safety, injury data and crime prevention; as useful links from the four countries.

World Health Organization (WHO): Violence and Injury Prevention
WHO primary role is to direct and coordinate international health within the United Nations’ system, in areas such as: health systems; promoting health through the life-course; noncommunicable diseases; communicable diseases; corporate services; preparedness, surveillance and response. WHO through its Violence and Injury Prevention (VIP) Unit supports countries as they coordinate the efforts of multiple sectors of the government and partners – including bi- and multilaterals, funds and foundations, civil society organizations and private sector – to attain their health objectives and support their national health policies and strategies on violence and injury prevention. On the website a series of publications and materials are available on topics such as road traffic injuries, child injuries and violence and data collection. To address training, WHO has collaborated with a global network of experts to develop a modular violence and injury prevention and control curriculum known as TEACH-VIP. To address skills development, WHO has developed a global mentoring programme for violence and injury prevention known as MENTOR-VIP (http://www.who.int/violence_injury_prevention/capacitybuilding/en/).

Road Safety
Global Alliance of NGOs for Road Safety
http://www.roadsafetyngos.org
With over 140 member NGOs active in more than 90 countries, the Global Alliance of NGOs for Road Safety was founded in response to demand from NGOs worldwide for a forum where NGOs can share best practices and collectively advocate for road safety and the rights of victims of road traffic injury. The Alliance also provides concise information about the activities of NGOs to non-NGO actors, such as
governments, foundations, inter-governmental agencies, the media, and other stakeholders with an interest in road safety. Additionally, the Alliance organizes the Global Meeting of NGOs Advocating for Road Safety, which takes place every two years. The Alliance was established in 2011 by NGO members of the United Nations Road Safety Collaboration and is organized and registered under Swiss law. Updates, news and the programmed activities are shared through the website.

The Global Road Safety Partnership (GRSP)
http://www.grsproadsafety.org/
The non-profit Global Road Safety Partnership was formed in 1999. Hosted by the International Federation of the Red Cross and Red Crescent Societies, and governed through a constitution approved by a Steering Committee of the Members, which include leading multi- and bi-lateral development agencies, governments, businesses and civil society organizations. GRSP creates and supports multi-sector road safety Partnerships that are engaged with front-line good practice road safety interventions in countries and communities throughout the world. While working on capacity building and training of road safety practitioners, engage actively in advocacy at all levels, provide road safety program coordination at the global level and are a recognized expert source of road safety knowledge and good practice. Its Global Road Steering Committee raises political will and encourage swift action to stop the epidemic of road traffic injuries. On this site there is a discussion forum for those interested in global road safety; reports, news and events are shared.

The Road Traffic Injury Research Network (RTIRN)
http://rtirn.net/
The Road Traffic Injury Research Network is an initiative of the Global Forum for Health Research supported by the World Health Organization and the World Bank. It is a global partnership which promotes, conducts and utilizes research for the prevention of road traffic injuries in low- and middle-income countries. In the website research grants are published and publications, newsletters, news and events shared. The Secretariat for the RTIRN is currently hosted by the Hanoi School of Public Health.

United Nations Road Safety Collaboration (UNRSC)
http://www.who.int/roadsafety/en/
The World Health Organization established the United Nations Road Safety Collaboration (UNRSC) in 2004. The Collaboration is an informal consultative mechanism whose members are committed to road safety efforts and in particular to the implementation of the recommendations of the World report on road traffic injury prevention. The goal of the Collaboration is to facilitate international cooperation and to strengthen global and regional coordination among UN agencies and other international partners to implement UN General Assembly Resolutions and the recommendations of the World report thereby supporting country programs. The UNRSC holds biannual meetings to discuss global road safety issues. Funding opportunities, publications and information on networks and related events can be found in the website.

Youth for Road Safety (YOURS)
http://www.youthforroadsafety.org/
YOURS was established in 2010, representing young road safety advocates in 85 countries. It supports efforts in areas such as advocacy, networking and capacity development. With regard to the latter, and based on its Youth and Road Safety Action Kit, YOURS holds trainings on behalf of governments, development banks, foundations and private companies to build the knowledge and skills of young road safety leaders worldwide. The Youth and Road Safety Action Kit, which is a guide available to all young people around the world and aims to make road safety accessible to youth everywhere can be download for
free from the website (http://www.youthforroadsafety.org/activities/capacity_development/publications). YOURS work through a core group made of regional coordinators who manage a large global network; information on this is also available at the website, along with the activities and projects taking place per country.

**Drowning**

Flood List  
http://floodlist.com/  
Flood list aims to bring information about floods and flooding from around the world, with the goal to inspire helpful discussion and collaboration in preparing for and dealing with the effects of flooding. Articles and news on the floods happening in the five continents are display in the website, along with useful information on flood protection, insurance and recovery.

Foundation for Aquatic Injury Prevention (FAIP)  
http://aquaticisf.org/  
The Foundation for Aquatic Injury Prevention (FAIP) is a non-profit educational organization dedicated to reducing the number of diving injuries, drownings and near drowning injuries, and other aquatic accidents. FAIP represents victims, their families and others dedicated to the prevention of tragedy in aquatic accidents. FAIP is actively engaged in water safety education, legislation, support for victims and their families, and serves as one of the aquatic communities’ most comprehensive informational and support resources on aquatic safety issues. In the website injury and water safety facts are stated and a series of resources and legal options are shared.

International Life Saving Federation (ILS): An NGO in official relations with WHO  
http://www.ilsf.org  
The International Life Saving Federation (ILS) is the world authority for drowning prevention, lifesaving and lifesaving sport. ILS leads supports and collaborates with national and international organizations engaged in drowning prevention, water safety, water rescue, lifeguarding and lifesaving sport. The ILS is composed of national aquatic lifesaving organizations (known as Member Federations) from around the world. In ILS website downing prevention strategies can be found as well as the World drowning report and information on the World conference on drowning prevention and the coming activities and events.

International Tsunami Information Center (ITIC)  
Located in Honolulu, the International Tsunami Information Center (ITIC) was established Resolution IV-6 in November 1965 by the Intergovernmental Oceanographic Commission (IOC) of the United Nations Educational, Scientific and Cultural Organization (UNESCO). It is hosted by the US National Oceanic and Atmospheric Administration National Weather Service. ITIC maintains and develops relationships with scientific research and academic organizations, civil defense agencies, and the general public in order to carry out its mission to mitigate the hazards associated with tsunamis by improving tsunami preparedness for all Pacific Ocean nations. ITIC is also assisting in the development and implementation of tsunami warning and mitigation systems globally. In its website information on current warnings and the most recent Tsunami are found. Relevant information on what to do in case of a Tsunami, technical information and research on this phenomenon as access to report your tsunami experience are also available.
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Royal Life Saving Society of Australia
Royal Life Saving Society - Australia works to prevent drowning and facilitate healthy, active lifestyles by equipping people with water safety skills. For the past 120 years, Royal Life Saving has worked to harness the strengths of the communities to reduce drowning and turn everyday people into everyday community lifesavers. Their areas of activity include: advocacy and awareness-raising; education; training; health promotion; aquatic risk management; community development; research; and media and marketing. Facts, reports and training programs can be found in the website.

Falls, burns, poisoning

Australian & New Zealand Burn Association (ANZBA)
http://anzba.org.au/
ANZBA is a non-profit organization and the peak body for health professionals responsible for the care of the burn injured in Australia and New Zealand; dedicated to improving their lives by encouraging higher standards of patient care through education, performance monitoring and research. ANZBA and its multidisciplinary members seek to engage the public to promote community awareness of burn injury prevention. Information on the Burn Registry of Australia and New Zealand as the emergency management severe burns course can be found in this webpage, where also useful resources such as burn units, associations, support groups and camps are shared.

Interburns
http://interburns.org/
Interburns is an international network of expert burn care professionals seeking to transform burn care and prevention in low and middle income countries (LMICs) through education, training, research and service delivery. Interburns is a small, low-cost organisation that leverages huge amounts of volunteer time from experienced medical personnel – including plastic surgeons, therapists, nurses and other specialists – to deliver high quality training, education, research and capacity-building cost-effectively. We work in close collaboration with local partners to deliver long-term, sustainable improvements in burn care and prevention. In its website information on trainings and fellowships can be found as well as on the research being carried out.

International Society for Burn Injuries (ISBI)
http://www.worldburn.org/
The International Society for Burn Injuries (ISBI) had its beginnings at the First International Congress on Research in Burns in Bethesda, Maryland in September 1960. That congress was considered such a success by its participants that a Second Congress was scheduled in the city of Edinburgh, Scotland in 1965. The participants decided to establish a permanent organization. The main aims of the society are to disseminate knowledge and stimulate prevention in the field of burns. In its webpage information on educational opportunities, awards, grants and fellowships are shared, as well as related relevant links and information on the membership.

World Directory of Poison Centres
http://www.who.int/gho/phe/chemical_safety/poisons_centres/en/
Poisons centres are sources of expertise on the diagnosis and management of poisoning. Most centres provide emergency advice to the general public as well as to health professionals. As at February 2012 only 46% of WHO Member States had a poison centre. In addition to providing emergency advice on the management of poisoning cases, poisons centres compile data on toxic exposures and on toxic substances. They have important roles in chemical safety and public health, which include: characterizing the epidemiology of poisoning to prioritize preventive efforts; advising on the management of the health
impacts of chemical incidents; surveillance of chemical exposures, and acting as sentinels for chemical release. Through these roles poisons centres contribute to national capacities for implementation of the International Health Regulations (2005). In this website an interactive map with the world directory of poison centres is available as the directory itself as an excel file that can be downloaded.

Child Injury

Child Injury Prevention Alliance (CIPA)
http://childinjurypreventionalliance.org

The Child Injury Prevention Alliance (CIPA) is dedicated to the prevention of unintentional and intentional injuries to children and adolescents in the United States and globally. CIPA achieves this goal through trans-disciplinary scientific research, translation of research findings into programs and policies, leadership in injury prevention initiatives and advocacy, and fostering national and global collaboration in injury research and prevention.

Safe Kids Worldwide
http://www.safekids.org/

Safe Kids Worldwide is a global organization dedicated to preventing injuries in children. Safe Kids works with an extensive network of more than 400 coalitions in the United States and partners with organizations in 25 countries around the world to reduce injuries from motor vehicles, sports, drownings, falls, burns, poisonings and more. Most of Safe Kids Worldwide focuses on research, educational and awareness programs as on addressing public policies on child safety. Safety tips as options of how to get involved and how to find your safe kids are display at their website.

Save the Children
https://www.savethechildren.net/

Save the Children is a leading independent organisation for children, who works in around 120 countries and fights for their rights and help them to fulfil their potential. It works to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives. In their website valuable resources can be found, from annual and financial reviews to reports on child protection, children’s rights and education.

The Alliance for Safe Children (TASC)
http://www.tasc-gcipf.org/

The Alliance for Safe Children is focused on reducing child death and disability rates from injury throughout the developing world. Their major focus is in the countries in the South-east Asia region where they have offices in Viet Nam and Thailand. Currently projects are being conducted in Bangladesh, Cambodia, China, Indonesia, Malaysia, Philippines, Thailand, and Viet Nam. At the website an interactive map is shown though which programs been held in the different countries intervened can be reviewed.

UNICEF East Asia & Pacific: Child Injury
http://www.unicef.org/eapro/activities_3598.html

The Regional Office is a hub for information, technical expertise and coordination for UNICEF Country Offices. It also supports these offices in their efforts to raise much-needed resources. Specialist advisers based in Bangkok help develop programmes in health and nutrition, child protection, HIV and AIDS, education, water and sanitation, early childhood development, social policy and emergency preparedness. The Regional Office advocates for national investment in children and child-centred social policies. It liaises with major intergovernmental bodies, such as other United Nations agencies, civil society organizations, bilateral and multilateral institutions, including the Association of Southeast Asian Nations
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(ASEAN) and the Pacific Islands Forum (PIF), and donors. Part of their mission is to build and strengthen regional partnerships for achieving the UN Millennium Development Goals (MDGs), the World Fit for Children goals and the realization of the Convention on the Rights of the Child. At their website publications on child protection can be found as related country factsheets and resources, such as research factsheet on estimating the economic burden of violence against children in East Asia and the Pacific.

All interpersonal violence

The Centre for Public Health at Liverpool John Moores University: A WHO Collaborating Centre for Violence Prevention
http://www.preventviolence.info/
The Centre for Public Health at Liverpool John Moores University is a WHO Collaborating Centre for Violence Prevention that supports violence prevention in the UK and internationally, by conducting original research, systematic literature reviews and maintaining intelligence systems for measuring and monitoring violence. The webpage provides access to: abstracts of peer reviewed articles on violence prevention studies (Evidence Base); on-going violence prevention research trials (Trials Register); and key publications and resources on violence prevention (News/Resources).

World Health Organization – Violence Prevention Alliance (VPA)
http://www.who.int/violenceprevention/en/
The Violence Prevention Alliance (VPA) is a network of WHO Member States, international agencies and civil society organizations working to prevent violence. VPA participants share an evidence-based public health approach that targets the risk factors leading to violence and promotes multi-sectoral cooperation. Participants are committed to implement the recommendations of the World report on violence and health. In the website more information can be found on the VPA’s approach, project groups, publications, participants and events, as relevant related links.

Intimate partner and sexual violence

Equality Now
http://www.equalitynow.org/
Founded in 1992, Equality Now is an organization that advocates for the human rights of women and girls around the world by raising international visibility of individual cases of abuse, mobilizing public support through their global network, and wielding strategic political pressure to ensure that governments enact or enforce laws and policies that uphold the rights of women and girls. At their webpage resources such as reports on human rights violations and factsheets on the work done through the organization are available. Also relevant updates on actions taken by different countries are shared regularly.

Sexual Violence Research Initiative
http://www.svri.org/
The SVRI aims to promote research on sexual violence and to generate empirical data to ensure that sexual violence is recognized as a priority public health issue. In 2003, recognizing the need for more research on sexual violence, especially in resource poor settings, the Global Forum for Health Research established the Sexual Violence Research Initiative (SVRI). The SVRI was initially hosted by the World Health Organization (WHO) before moving to the Medical Research Council, South Africa in 2006. The SVRI is a global research initiative that aims to promote good quality research in the area of sexual violence, particularly in developing countries. Information on the main activities (ex. grants, forums, capacity building), issues (ex. health effects, human rights, disabilities, trafficking), research tools (ex. methods and guides, survey tools, dissemination and advocacy) as publications and work done per country, can be found in the website.
International Network on Children's Health, Environment and Safety (INCHES)
http://inchesnetwork.net/
International Network on Children's Health, Environment and Safety (INCHES) is an organization which promotes children’s health. This requires protecting them from harmful environmental exposures. Environmental health risks to children are increasingly being recognized as a key concern now and into the next century. The United Nations Convention on the Rights of the Child states that the child has the right to enjoyment of the highest attainable standard of health and to health care facilities, and that children have the right to a safe environment. 198 Countries have signed the Convention. All UN member states except the United States of America and Somalia have signed. A training manual on children’s environmental health is offered through the webpage, as well as the activities and main themes being addressed by the organization.

The Global Initiative to End All Corporal Punishment of Children
http://www.endcorporalpunishment.org
The Global Initiative to End All Corporal Punishment of Children was launched in Geneva in 2001. It aims to act as a catalyst to encourage more action and progress towards ending all corporal punishment in all continents; to encourage governments and others to "own" the issue and work actively on it, and to support national campaigns with relevant information and assistance. The context for all its work is implementation of the UN Convention on the Rights of the Child. Relevant evidence, such as a research on the negative impact of corporal punishment is share in the website; as well as progress on the law implementation aiming to go from prohibition to elimination of corporal punishment.

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN)
http://www.ispcan.org/
The International Society for the Prevention of Child Abuse and Neglect, founded in 1977, is a multidisciplinary international organization that brings together a worldwide cross-section of committed professionals to work toward the prevention and treatment of child abuse, neglect and exploitation globally. ISPCAN's mission is to prevent cruelty to children in every nation, in every form: physical abuse, sexual abuse, neglect, street children, child fatalities, child prostitution, and children of war, emotional abuse and child labour. ISPCAN works in increasing public awareness of all forms of violence against children, developing activities to prevent such violence, and promoting the rights of children in all regions of the world. In their webpage, publications, resources and tools are available, between them guides, e-learning courses, webinars, reports and newsletters.

Age Concern
http://www.ageconcern.org.nz/
Age Concern is a charitable organization dedicated to people over 65. It promotes dignity, wellbeing, equity and respect while providing expert information and support services in response to older people's needs. They are active and vocal on relevant issues and work to ensure older people stay connected with their family, friends and community. Age Concern New Zealand (national office) provides national support to local Age Concerns. Age Concern New Zealand also informs the government and other national bodies on issues of concern for older people. Between he resources made available through their webpage are a range of printed and recoded publications on topics of particular interest to older people (not all of them offered for free); as key information about elder abuse and neglect as the possibility of reporting elder abuse by displaying contact details for elder abuse and neglect prevention services.
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Help Age International
http://www.helpage.org/
Help Age International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives, working in over 65 countries with more than 100 affiliates and 180 other partners. In their website more information can be found on the trainings they offer, as the publications and the Global age watch index which ranks countries by how well their ageing populations are faring.

International Network for the Prevention of Elder Abuse (INPEA)
http://www.inpea.net/
INPEA is an organization, founded in 1997, which is dedicated to the global dissemination of information as part of its commitment to the world-wide prevention of the abuse of older people. Reports and resources from different countries and organizations related to elder abuse and neglect are shared in their webpage, as periodical informative bulletins.

Youth violence

Centre for the Study and Prevention of Violence: Blueprints for Healthy Youth Development
http://www.colorado.edu/cspv/blueprints/
http://www.blueprintsprograms.com/
Blueprints for Healthy Youth Development is a research project within the Centre for the Study and Prevention of Violence, at the University of Colorado Boulder. The Blueprints mission is to identify evidence-based prevention and intervention programs that are effective in reducing antisocial behaviour and promoting a healthy course of youth development. In the Blueprints project webpage its different programs can be review as well as the program criteria.

International Centre for the Prevention of Crime (ICPC)
http://www.crime-prevention-intl.org/
The mission of ICPC is to promote safer and healthier societies and communities through the application of strategic and evidence-led programmes and initiatives which aim to reduce and prevent offending and victimization and to support international norms and standards, in particular the United Nations Guidelines on the prevention of crime (1995 and 2002). It encourages countries, cities and institutions to invest in prevention rather than relying on more costly criminal justice responses to crime. ICPC is located in the heart of a large network of political and administrative officials, researchers and stakeholders in the field who work directly or partially in areas related to prevention. The Center is often asked to provide expertise in various projects related to crime prevention. At their website some projects in which they’ve been involved per year are display as well as some of their strategies, practices and tools (although this component is reserved only for members). Articles and research papers on youth violence are available, such as Youth and Gun Violence: The Outstanding Case for Prevention.