REPORT ON THE IMPLEMENTATION OF THE 2007 COUNCIL RECOMMENDATION ON THE PREVENTION OF INJURY AND THE PROMOTION OF SAFETY

APIPS: Assessment of the Prevention of Injuries and the Promotion of Safety

REPORT ON THE IMPLEMENTATION OF THE 2007 COUNCIL RECOMMENDATION ON THE PREVENTION OF INJURY AND THE PROMOTION OF SAFETY

APIPS: Assessment of the Prevention of Injuries and the Promotion of Safety

Prepared by:
Goof Buijs

Katja van de Laar

Sheila Merrill

Lindsey Simkins

FINAL REPORT

This work was financed by the European Union

Table of Contents

Executive summary

In Europe, injuries are the leading cause of death for children, adolescents and young adults and the third leading cause of death for all ages[1]. In 2009, 233733 people died from external causes in EU27[2]. Injuries are a threat to economic and social development[3]. Non-fatal injuries account for about 10% of all hospital admissions.
In 2007 the Council of the European Union adopted the Council Recommendation[4] on the prevention of injuries and promotion of safety recommending that all EU Member States:

- Develop a national injury surveillance and reporting system, which monitors the evolution of injury risks and effects of prevention measures over time;
- Set up national action plans for preventing injuries, initiating interdepartmental coordination;
- Encourage the introduction of injury prevention and safety promotion in school curricula, as well as in vocational training programmes on health.

Four years after the adoption of the Recommendation, an evaluative process should be carried out in order to determine if the proposed measures are working effectively and to assess the need for further actions.

Methods

The methodology used for the analysis was based on the questions and judgement criteria proposed by the contracting authority, together with a preliminary literature review. The questions focused on four topics addressed by the Council Recommendation at two different levels: country level and European Union level. These were: functioning of the Injury Surveillance System in the European countries, national policy development on the prevention of injury and promotion of safety, good practice implementation and the EU added value of the policy document on development and implementation of policy and actions in the wider injury domain.

Resource persons from a total of 34 European countries were invited to participate in the survey. These were from the 27 EU Member States which were members of the EU when the information collection was carried out, the EFTA countries Iceland, Liechtenstein, Norway and the EU candidate countries when the information collection was started (Croatia, the Former Yugoslav Republic of Macedonia FYROM, Montenegro and Turkey).

Focal points to provide information for the evaluative process from each of the 34 European countries were established from lists of contact points provided by the contracting authority. Online questionnaires and telephone interviews were used to collect the primary data from the focal points which were analysed both quantitatively and qualitatively. Data collection took place from January – May 2012. Document analysis was employed to gather additional information from published textual data. Data were analysed for each country and also aggregated for all European countries.

[1] D.Sethi, Towner E., Vincenten J.,Racioppi F. (2008), European report on child injury prevention, WHO, Copenhagen
[2] ESTAT source: ICD codes V01-Y89 - this figure is an estimation as not all EU countries could deliver data for the reference year 2009
3 D. Sethi, Racioppi F., Birte Frerick and Frempong N. (2008), Progress in preventing injuries in the WHO European Region, WHO, Copenhagen
[4] Council Recommendation of 31 May 2007 on the prevention of injuries and promotion of safety (OJ C164/1).

Separate interviews and questionnaires were conducted and analysed for European level respondents.

Results

The response rates for each of the three questionnaires differed: responses from 28 countries were received on the questionnaires on injury surveillance and good practice implementation and from 24 countries on national policy development.

Injury surveillance

A total of 23 European countries out of the 28 for which information was obtained on this questionnaire (81%) had a injury data report available, and 15 countries had a comprehensive data report with key figures on the main injury outcomes. Respondents from 18 countries reported that the data collection system was sustainable. All but one country without an injury collection system was reported to have plans to develop one in the future. The most used data sources were mortality statistics, hospital discharge registers, and emergency departments.

Role of the Council Recommendation: respondents from 19 out of 28 countries (68%) reported that the Council Recommendation had played a positive role in the availability of the current data collection system. Respondents from 14 countries felt that the Council Recommendation played a role in the intensified use of data and in the improvement of sources and classifications. The main reason cited was the recommendation's focus on the importance of having a sustainable injury surveillance system and its strong support to national political decisions.

Good practices implementation

25 of the 28 countries for which information was obtained (89%) were reported to have developed good practices guidelines in the field of injury prevention and safety promotion. All of these had developed and implemented sustainable good practices on the areas 'safety of children and adolescents' and 'prevention of workplace injuries'. Good practice guidelines in the fields of 'safety of vulnerable road users' and 'prevention of interpersonal violence' were available for 23 countries. 16 countries had good practices guidelines on the priority areas 'prevention of self-harm' and 15 countries on 'prevention of sports injuries'. Campaigns were reported from 26 countries. It was not possible to draw general conclusions with regard to cost-effectiveness of good practices, due to lack of a uniform definition, and limited scientific research into most programmes and campaigns.

Role of the Council Recommendation: Respondents from 22 out of the 28 countries where information was obtained on this questionnaire (79%) reported that the Council Recommendation played an important role in the development of good practices guidelines. Its influence was reported as being the lowest on executing national campaigns (reported by 12 countries). The Recommendation was said to have stimulated networking and collaboration between countries, inter-sectorial cooperation and to have helped to foster sustainable actions. The Recommendation was not reported as having played a role in the five countries where there was no implementation of good practices (due to financial constraints) or those not familiar with the Recommendation. Another reason for no or limited influence is that good practices guidelines were already developed before the release of the Recommendation.

National policy development

Responses were obtained from 24 countries on national policy development. Of these, 18 (75%) had policy documents available on overall coordination of injury prevention, though not all have resulted in actual implementation. In 7 countries the policy documents actually describe policy for specific areas or themes and not a policy on overall coordination. The countries that do not have such policy documents indicated that the field of injury prevention is divided into many different sectors, each with their own policies and without a common framework. Information from 21 countries was that there are specific policies available on gender and vulnerable groups, most of which were on the latter. Most evidence-based programmes being implemented addressed 'safety of children and adolescents' (in 20 countries) and 'safety of vulnerable road users' (in 21 countries), 'prevention of workplace injuries' (19 countries) and 'prevention of interpersonal violence' (18 countries). In 12 countries (50% of the responding countries) funding opportunities increased for injury surveillance, less so for development of programmes (11 countries), implementation (10 countries) and research on effectiveness (6 countries). 22 European countries (65%) incorporated injury prevention in the vocational training programmes in the health sector. In 15 European countries there are policy initiatives to integrate injury prevention and safety promotion into school curricula in both primary and secondary schools, in 3 countries in primary schools only and in 2 countries in secondary schools only.

Regarding mechanisms for policy implementation 10 countries have an interdepartmental coordination group. Often areas of injury prevention are the major responsibility of specific sectors, and inter-sectorial collaboration is not well-established. Responses from 9 countries with an interdepartmental coordination group indicated that there are no or not enough resources available for their activities. The vast majority of countries (23 out of 24) reported having one or more national focal points where the Ministry of Health was involved.

Role of the Council Recommendation:

Overall the Council Recommendation was reported as having played a positive role on national policy development. This was not the case in countries where the policy already existed or where the policy was not yet developed or where the Recommendation has not been implemented yet. Reponses from 13 out of the 24 countries (54%) indicated that the Council Recommendation had played a positive role in establishing an interdepartmental coordination group, the availability of a national focal point, the availability of policy documents on overall coordination and the monitoring, the progress of policy implementation and vocational training programmes. Responses from 10 countries indicated an influence of the recommendation on the availability of national evidence-based programmes and in 11 countries in realising policies on gender and vulnerable groups, funding opportunities and integration in school curricula.

EU added value

It is reported that the Council Recommendation gave impetus to actions on injury prevention and safety promotion. In particular the categorization into the seven priority areas helped to focus work, and the Recommendation meant that national governments were more receptive to projects because of increased awareness of their need. It was also reported that some injury prevention programmes were already well established prior to the Council Recommendation; therefore the Recommendation supported the continuation of these programmes. Respondents had difficulties to answer if the outcomes of the existing programmes would have been different without the support of the Council Recommendation.

Country profiles

Country profiles for 30 countries were developed (see annex 7) [5], giving a more detailed overview of the state of play of injury prevention and the promotion of safety, related to the implementation of the Council Recommendation. It also compares the national situation in the country to the average of the other European countries.

Conclusions

Overall, the injury surveillance systems in the European countries have improved over recent years. Injury surveillance systems are mainly derived from health services and focus on road safety and safety of

1. Children and adolescents. Over two thirds of the respondents reported a positive role of the Council Recommendation in injury surveillance.

2. In most countries in Europe good practices programmes have been developed and are being implemented. The priority areas 'road safety', 'safety of children and adolescents', and 'workplace safety' are the most developed, followed by 'prevention of interpersonal violence'. The other priority areas, specifically 'prevention of self-harm- and 'prevention of sport injuries', are well less covered.

3. Some countries are struggling with economic restraints in the implementation of good practices programmes.

4. In the development of good practices and implementation of programmes, the Recommendation is reported as having played a role, but less than in injury surveillance system action. It has mainly generated political commitment and opportunities for international exchange, rather than direct implementation.

5. Hardly any economic analyses have been carried out on programmes preventing injuries and promoting safety. Therefore their cost-effectiveness could not be identified in this exercise.

[5] No country profile is available for EE, FR, LI, TR

6. In most countries there are policies and coordination mechanisms in place for injury prevention; however they do differ in focus and intensity. In practice, injury prevention and safety promotion is a multi-sectorial effort, in which some sectors play a stronger role than others.

7. In more than half of the countries injury prevention is incorporated in vocational training programmes in the health sector and in less than half in primary and secondary schools, with the Council Recommendation reported as having played a positive role in this.

8. The Council Recommendation is reported to have helped countries that were motivated to develop national policies and practices for injury prevention. It also facilitated international exchange.

9. It was reported that the WHO TEACH-VIP E-learning programme could be better used to its full advantage.

10. The Council Recommendation had an impact on EU actions, especially in the domains of policy development, injury surveillance and to a lesser extent on development and implementation of good practices. It was not possible to make clear comments on the EU added value, mainly because of the low response to these questions.

Recommendations

1. Further harmonisation of surveillance and reporting is needed in the EU to improve comparability among countries. Adaptations in the classification of priority areas could be considered in order to minimize overlapping between areas and to highlight the difference between age groups, domains and vulnerable groups. More EU support for countries which have not yet developed injury surveillance, policy and/or good practice on the field of injury prevention and safety promotion, should be considered.

2. Further work is needed to enable all countries to have an integrated plan for the prevention of injury and the promotion of safety, including a national focal point covering all priority areas.

3. The involved Directorates in the European Commission could benefit from increased collaboration, possibly through the existing focal point at DG Sanco. Increased policy activities and attention should be given to the 'prevention of self-harm' and the 'prevention of sport injuries'. Intentional injuries caused by violence need special attention as a category closely linked to socio-economic circumstances, gender issues and religious beliefs.

4. More resources are recommended for implementation of good practices and evidence-based programmes on injury prevention and safety promotion.

5. More attention to international cooperation, exchange of knowledge and sharing of good practices is recommended in the area of policy development, research, practice and capacity building. European programmes for research and

international collaboration could incorporate such activities. It is recommended to incorporate stakeholders on the lower levels of government (regional and local level) as well as NGOs and the private sector in an on-going international exchange of implementation knowledge and capacity building. The internet offers innovative opportunities for this exchange.

6. More attention is recommended to demonstrate the cost-effectiveness of actions and programmes in the area of injury prevention and safety promotion.

7. Prevention of injuries and promotion of safety should become a truly inter-sectoral priority, for which more effort for interdepartmental coordination at country level as well as at the level of the European Commission is recommended.

8. Incorporating safety education in regular school curricula is a sensible investment for the future, especially regarding some cross-cutting themes like education on risks increasing injuries such as alcohol and drug abuse.

9. Further collaboration – and where needed division of labour - between the European Commission and WHO EURO is recommended to increase effectiveness. Regular reporting by European countries to EC and WHO on progress made could be helpful in this regard.

10. The implementation of the WHO TEACH-VIP E-learning programme should be further promoted and implemented both on the European as on national level.

11. For the future implementation of the Council Recommendation more emphasis should be placed on developing and implementing good practices on injury prevention and safety promotion at the regional and national level.

Key findings

Injury surveillance

1. The injury surveillance system has improved over recent years, but is mainly covering areas of road safety and safety of children and adolescents. This should be further developed to include all priority areas.

2. At country level the information on injuries coming from the surveillance system has a strong influence on policy development. This is a powerful commitment to initiate programmes for injury prevention and safety promotion.

3. The Council Recommendation can be used more effectively in all European countries based on the specific country needs.

Good practice implementation

4. Most countries in Europe are developing and implementing good practice programmes, mainly covering the areas road safety, safety of children and adolescents and workplace safety. Information on cost-effectiveness is still missing. Some countries struggle with economic restraints in implementation.

5. More effort is needed for the priority areas safety of products and services, safety of elderly citizens, prevention of sport injuries and the prevention of self-harm.

6. The Council Recommendation can be used more effectively in development and good practices implementation for vulnerable groups.

National policy development

7. Most countries have policies and coordination mechanisms in place for injury prevention, but it will require an ongoing multi-sectoral effort and availability of resources

8. The Council Recommendation can support national policy development and from the EU level more international exchange is required.

EU added value

9. There has been a clear impact of EU actions, especially in the domains of policy development and surveillance. More focus is needed on development and implementation of good practices.

1. Introduction

1.1. Background information

In Europe, injuries are the leading cause of death for children, adolescents and young adults. When all age groups are combined, injuries represent the third leading cause of death in the European region of the World Health Organization[6]. In 2009, 233733 people died from external causes in EU27[7]. Annually, 60 million EU citizens need medical treatment after an injury, this account for 10% of all hospital admissions. The trends in Europe are that the number of fatal home and leisure injures, mainly attributed to falls among the elderly, is increasing fast. There are less non-fatal injuries in traffic and workplace, but more in the home and during leisure time. The promotion of sports and physical exercise is getting more attention as part of promoting a healthy lifestyle, but health gains are considerably affected by the high number of sport injuries, 14 % of all hospital admissions related to injuries are related to sports, according to Eurosafe[8]. There is EU legislation on products and services that provide standards for consumer safety, but a considerable number of injuries at home are linked to products and services. Finally, a growing number of disabled people is expected due to the increase of non-fatal injuries in Europe.[9] Injuries are a threat to economic and social development[10]. This implies that preventing injuries is an important public health challenge in Europe. In Chapter 4.1 more detailed information about the prevention of injuries and the promotion of safety in Europe is provided.

The European Commission has been supporting injury prevention through thematically specific Community actions and programmes, e.g. road safety. In 2005 the "Working Party of governmental experts on accidents" recommended taking Community actions in areas less well covered, in particular on safety at home and during leisure time, child safety and safety of senior citizens[11]. This led to the release of a communication by the Commission in 2006[12], in which the following seven priority areas were identified:

- Safety of children & adolescents
- Safety of elderly citizens
- Safety of vulnerable road users
- Prevention of sport injuries
- Prevention of injuries due to products and services[13]
- Prevention of self-harm

[6] D.Sethi, Towner E., Vincenten J.,Racioppi F. (2008), European report on child injury prevention, WHO, Copenhagen
[7] ESTAT source: ICD codes V01-Y89 - this figure is an estimation as not all EU countries could deliver data for this reference year
[8] Eurosafe (2013). Injuries in the European Union, Report on injury statistics 2008-2010, Amsterdam
[9]. ibid
[10] D. Sethi, Racioppi F., Birte Frerick and Frempong N. (2008), Progress in preventing injuries in the WHO European Region, WHO, Copenhagen
[11] Actions for a Safer Europe, Strategy Document of the Working Party on Accidents and Injuries for 2005 to 2008.

- Prevention of interpersonal violence.

Resources of the Community Programmes on Health (the Public Health Programme 2003-2008[14] and the Public Health Programme 2008-2013[15]) were recommended to be used for tackling these priorities. In addition, the European Commission through the Directorate General Health and Consumers (DG SANCO) has initiated and supported various complementary actions.

On 31 May 2007 the Council of the European Union adopted the Council Recommendation (See Annex 1) on the prevention of injuries and promotion of safety. This document recommends EU Member States to:

- Develop a national injury surveillance and reporting system, which monitors the evolution of injury risks and effects of prevention measures over time;
- Set up national action plans for preventing injuries, initiating interdepartmental coordination;
- Encourage injury prevention and safety promotion to be introduced in a systematic way in schools, as well as in vocational training programmes of health, and other, professionals.

Four years after the adoption of the Recommendation an evaluative process should be carried out in order to determine if the proposed measures are working effectively and to assess the need for further actions.

In 2010 the WHO Euro office made a progress report on the impact of the WHO resolution on injury prevention (EUR/RC55/R9 (2005) and the Council Recommendation (2007). It revealed that 75% of the 46 countries that responded to the WHO questionnaire reported that violence and injury prevention was put higher on the agenda. Also, there was increasing and sustained exchange among the countries, the EU institutions and WHO EURO offices in the area of violence and injury prevention. The Council Recommendation and the WHO-resolution have been instrumental in creating a more favourable climate for injury prevention policies[16]. However, this WHO work did not explicitly look into the specificities of policy changes and actions taken in relation to the Recommendation and the specific measures[17].

1.2. Objectives

The aim of this Assessment of the Prevention of Injuries and Promotion of Safety (APIPS), was to report to the Commission on the implementation of the 2007 Council Recommendation on prevention of injuries and promotion of safety in each of 34

[12] Communication from the Commission to the European Parliament and the Council on Actions for a Safer Europe, 23.6.2006, COM(2006)328; Report "Actions for A Report "Injuries in the European Union, Statistics Summary 2005-2005, Vienna: KfV, 2009.
[13] Safety of products and services relates to health and physical integrity of consumers.
[14] Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008)
[15] Decision No 1350/2007/EC of the European Parliament and of the Council o of 23 October 2007 establishing a second programme of Community action in the field of health (2008-13)
[16] Sethi D, Mitis F, Racioppi F (2010). Preventing injuries in Europe: from international collaboration to local implementation. Copenhagen:WHO.
[17] IBF consulting (2011). Preparatory work for the report on the implementation of the 2007 council recommendation on the prevention of injuries and promotion of safety, Luxembourg.

European countries[18]. The terms of reference made clear that the emphasis should be put on whether the measures proposed in the Recommendation were working effectively and if there was a need for further actions. The exercise also aimed to identify strengths and weaknesses in policy-related measures, development and implementation, as well as gaps in implementation[19].
It gives an overview of the implementation of the 2007 Council Recommendation on the prevention of injuries and the promotion of safety in 30 participating European countries and at European level. Responses were not obtained from the contact points from four countries[20] which were invited to participate.

The objectives on both national and European level were:

- To provide an overview of the state of play of the implementation of the 2007 Council Recommendation in the participating European countries and at European level;
- To provide recommendations for future activities and developments on injury prevention and promotion of safety at country and European level.

[18] Including the 27 EU Member States, EFTA States that are parties to the EEA Agreement (Iceland, Liechtenstein and Norway) and EU candidate countries (Croatia, the Former Yugoslav Republic of Macedonia FYROM, Montenegro and Turkey).
[19] Terms of reference (task specifications) for assignments, DG SANCO, 2011
[20] ES, FR, LI, TR

2. Methods

2.1 Topics

The following four topics were investigated:

- Existence of and functioning of the Injury Surveillance System according to the Council Recommendation in the 34 European countries;
- Policy development on prevention of injury and promotion of safety according to the Council Recommendation;
- Good practice implementation on the prevention of injury and promotion of safety according to the Council Recommendation;
- The EU added value on policy development according to the Council Recommendation in the wider injury domain.

2.2 Questions

The methodology used for the analysis was based on questions and judgement criteria proposed in the Terms of Reference. The exercise covered four areas of focus at two different levels: country level and EU level. In the Terms of Reference seven questions were proposed:

Country level:

EQ1 What is the current policy response at country level in relation to the provisions put forward by the Recommendation?

EQ2 To what extent have European countries adopted, updated or revised their own policies around injury prevention and safety promotion? For those who have: is the role of the Council Recommendation visible in their strategies? For those European countries that have not adopted policies: what accounts for this gap in implementation of the Council Recommendation?

European level:

EQ3 What is the distribution of activities and outputs in relation to the Recommendation throughout the Commission services?

EQ4 To what extent have all relevant provisions of the Recommendation been addressed by EU actions (legislations adopted, Commission reports, conferences, trainings) during the period 2007-2011?

EQ5 To what extent have the different elements of the Recommendation been included or actively promoted into other EU policies and activities, funding programmes (i.e. Community programmes such as the Public Health Programme, the Road Safety Action Programme)?

EQ6 How does the availability of an injury surveillance system in the European countries have influence on policymaking in Europe?

EQ7 What is the added value of the work carried out at EU level in terms of impact on policy development, in particular health, and increased awareness of injury prevention and safety promotion?

2.3 Judgement criteria and indicators

The survey contained both quantitative and qualitative questions, requiring clear criteria for interpretation. For each question, judgement criteria and indicators were established, resulting from the Council Recommendation. The first Draft Evaluative Matrix included in the project proposal[21] was used as a basis for developing the judgement criteria and indicators. In the Inception report[22] the appointed judgement criteria and selected indicators for each of the topics have been described separately.

Two types of indicators were used for the first three topics. These were indicators on country level and on EU level. The topic EU added value has EU level indicators only. Both judgement criteria and indicators were assigned to the questions.

For each topic different questionnaires were developed[23] and endorsed by a Steering Group[24]. The Steering Group was set up by the Commission to follow up the process and contract. It involved officials from different Commission Services, Member States representatives from the Expert Working Group on Accidents and Injury that volunteered[25] and WHO EURO.

2.4 Respondents

Country level

For each topic, different national resource persons were requested to fill in the questionnaires in all 34 European countries. Lists of possible resource persons were provided by the contracting authority and by WHO EURO. For the questionnaire on injury surveillance resource persons from the European Injury Database[26] were approached For the questionnaire on national policy development the WHO national focal persons for the prevention of violence were approached and for the questionnaire on good practice implementation members of the working party have been involved. Lists of resource persons (namely the Governmental Experts Group on Accidents and Injury) were received from DG SANCO and from the Dutch Consumer and Safety Institute in the Netherlands - but these lists were no longer up to date, with several missing or no correct contact data, such as telephone numbers or e-mail addresses. The methodology required identifying three resource persons per country for each online questionnaire, but in some countries only one or two resource persons were available. It was decided to ask one resource person for each country to be responsible for the coordination of the APIPS . In most cases, the WHO national focus person covered this role while, in some cases, other experts were involved depending on the specific situation of the country. In all countries resource persons were successfully identified and prepared to participate in the survey.

EU level

[21] IBF International Consulting (2011). Preparatory work for the report on the implementation of the 2007 Council Recommendation on the prevention of injury and the promotion of safety, p. 11. Luxembourg.
[22] Ibid.
[23] IBF International Consulting (2011)). Preparatory work for the report on the implementation of the 2007 Council Recommendation on the prevention of injury and the promotion of safety, inception report, p.22-33. Luxembourg
[24] ibid
[25] FI, MT, NL, SK, SP
[26] The Injury Database (IDB) is an internet database set up by DG Sanco and is coordinated by KfV (Kuratorium für Verkehrssicherheit): https://webgate.ec.europa.eu/sanco/heidi/index.php/EU_Injury_Database_(IDB) (accessed 10-12-2012)

A draft list of 14 potential respondents to be approached at EU level was produced and endorsed by the Steering Group[27]. In addition, resource persons in each country were asked to suggest names of stakeholders or NGOs with which they are working. The final sample encompassed 15 respondents.

2.5. Methods for data collection

Three methods were used to get more information on the different topics and to collect answers to the questions, which were online questionnaires, telephone interviews and desk research. All questionnaires and correspondence with the respondents were done in the English language.

2.5.1 Online questionnaires

Country level

For each topic at country level - injury surveillance, national policy development and good practice implementation - questionnaires were developed according to the judgement criteria and indicators and endorsed by the Steering Group (see 2.4). The online questionnaires were pre-tested for usability among the experts. In a later stage a question on cost-effectiveness was added and posted to the respondents together with sending the draft country report for their validation and feedback. The additional question is included in Annex 3: questionnaire on good practice implementation.

For the online version of the questionnaires at country level, an online survey tool developed by MWM2[28] was used; links were sent by email to each respondent. If necessary, respondents were contacted for additional telephone interviews. This was done whenever information in the questionnaire was incomplete or there was no reply at all.

Injury surveillance

Responses for 28 countries were received on the questionnaire on injury surveillance. The initial contact was made on 26 January 2012. Non-respondents received general reminders, the last time by e-mail on 9 July 2012.

National policy development

Responses for 24 European were received on the questionnaire on national policy development. The initial contact was made on 26 January 2012. Non-respondents received general reminders, the last time by e-mail on 9 July 2012.

Good practice implementation

Responses for 28 European countries were received on the questionnaire on good practice implementation. For the additional question on cost-effectiveness responses were received for 22 countries. The initial contact was made on 26 January 2012. Non-respondents received general reminders, the last time by e-mail on 9 July 2012.

[27] IBF International Consulting (2012). Preparatory work for the report of the 2007 Council Recommendation on the prevention of injury and the promotion of safety. Interim report, p.53, Luxembourg.
[28] MWM2 is a Dutch organisation for online research.

EU level

The interview guide for the added value of the EU was developed in a similar way as for the online research and endorsed by the Steering Group (see Annex 5). Respondents of these telephone interviews are representatives of European Commission DGs, EU agencies and organisations such as NGOs, international bodies and European stakeholders as well as representatives of European countries. In total 15 respondents were approached.

2.5.2 Desk research

Ten websites of the organisations and EU-funded projects mentioned in the ToR and the Inception Report were studied and summarized. Relevant information and related documents provided by the Commission were analysed together with the outcomes of EU and World conferences on injury prevention and safety promotion, including the London 2010 and Budapest 2011 conferences.

The documents (or links to documents) that were sent by the resource persons of each country on the different topics, were included and added to the country analysis.

The information resulting from the desk research was used as background information for the final report to find answers to the questions and to complete the information obtained from the questionnaires. This also includes the list of definitions of relevant terms used in the questionnaires. In Chapter 4, the most important findings of the desk research are described

2.6. Data analysis

Both quantitative and qualitative analysis methods were used. Data were analysed separately for the injury surveillance, national policy development, good practice implementation and the EU added value. Data were analysed for each country but also aggregated at the European level.

Descriptive statistics were carried out on the quantitative part of the analysis, using frequencies and percentages. Charts and graphs are used to illustrate the findings.

Both EU member states as well as non-EU countries were involved in the exercise. In the results no distinction is made between EU and non-EU countries. Where only one or two countries are mentioned in the results, the country is named in the footnote.

Content analysis was done for the qualitative part . For this, answers were read thoroughly by two researchers. Consensus was then reached and the findings classified into thematic clusters. This was done for each topic both at country level and at EU level.

The preliminary results on country level were presented to the resource persons in each country and to evaluating experts. This was done in order to verify possible assumptions and to validate conclusions. Overall analysis and validation of preliminary findings were carried out by the project team, the Steering Group and the peer reviewers.

2.7 Peer review exercise

The preliminary findings were subjected to peer review by 3 reviewers.

2.8. Issues and limitations with the methodology

Problems identifying resource persons

As stated before, the identification of contact persons was complicated and time-consuming. The original methodology required three resource persons per country for each online questionnaire, but in some only one or two resource persons were identified. In four countries[29] contact persons were identified but were not able to participate.

The list provided for the EU telephone interviews was also found to be incomplete. There were difficulties in contacting some resource persons and some declined to take part in the interview because they felt they were not the appropriate representative.

Some resource persons asked for a formal request from the EC to participate in the exercise, although the Commission regularly informed the WHO National Focal Points and EU countries through different meetings and conferences about this exercise, foreseen by the Health Programme and adopted by all EU Member States via their Programme Committee.

Filling out the questionnaire(s) proved to be time consuming for the participating countries. The resource persons sometimes needed to involve other contacts in order to complete the questionnaires. Because of this many questionnaires were completed with great delay, while some resource persons did not respond at all. Apart from e-mail contacts, telephone calls were made in order to stimulate response.

Limitations related to questionnaire

The questionnaires contained many open-ended questions, which were more time-consuming to complete and analyse. However, the open-ended questions provided qualitative information that resulted in a detailed overview of the situation on injury prevention and safety promotion for each participating country.

Several resource persons provided feedback on the quality of the online questionnaire. The most relevant comments are listed below:

- For some questions the only options 'yes' or 'no' were not enough, because more nuance was necessary to optimise the accuracy of the answer. However, additional information could be given in the open-ended questions.
- Some priority areas overlapped as the questionnaire, to a large extent, was based on specific priority areas, which caused some confusion.
- The questionnaire was built mainly around the priority areas, but some countries have other specific classifications or have information on other areas. This could not always be reflected well in these questionnaires because of the use of open-ended questions.

[29] The non participating countries are EE, FR, LT, TR

- The questionnaire on good practice implementation contained too many open-ended questions. More specific answering options would have helped.
- The online questionnaires did not give the opportunity to skip a question if not appropriate for the situation or if the answer was unknown.

Limitations related to reliability and validity

By sending the country report for feedback to resource persons in each country an increase of the validity and reliability was expected, because more than one resource person from the same country was given the opportunity to give comments on their country report. However, in some cases the answers were based on subjective expert opinions or on objective descriptions of the situation in that specific country. This enhanced variety among the countries and could have affected the validity and reliability of the results.

Limitations related to availability of evidence-based programmes

The resource persons could indicate the availability and use of evidence-based programmes, but this process did not look into the actual evidence base of these programmes. So the evidence-base is indicated as reported by the resource persons.

3. Results

3.1. Introduction

In this chapter the results of the worked carried out to assess the 2007 Council Recommendation on injury prevention are presented. In paragraph 3.2 the general response is described, including responses to all three online questionnaires and telephone interviews. Special attention is given to the non-response in the different parts of this survey. In paragraph 3.3 the results of the questionnaire on injury surveillance are described, followed by the results of the questionnaire on good practice implementation in paragraph 3.4 and the results of the questionnaire on national policy development in paragraph 3.5.

3.2. Responses

Resource persons from a total of 34 European countries were invited to participate in the exercise. These were from the 27 EU Member States which were members of the EU when the information collection was carried out, the EFTA countries Iceland, Liechtenstein, Norway and the EU candidate countries when the information collection was started (Croatia, the Former Yugoslav Republic of Macedonia FYROM, Montenegro and Turkey).
The response on all three questionnaires is described separately, after which the non-response is discussed. Next, the response at European level is described, followed by information on the non-response of this part of the survey. The response rate differs for each of the questionnaires.

Injury surveillance

Responses on the questionnaire on injury surveillance were received from 28 European countries. Responses were not obtained for six countries[30]. Almost half of the resource persons of the questionnaire on injury surveillance were working at a national government organisation (14). Other organisations mentioned were research organisations (5) or public health organisations (5). Most resource persons of this questionnaire were researchers (15), followed by policy advisers or consultants (6).

National policy development

Responses on the questionnaire on national policy development were received from 24 European countries[31]. Responses were not obtained for 10 countries[32]. Most resource persons that completed this questionnaire were working at national government (17) or public health organisations (4) as advisers/consultants (7) or as policymakers (6).

[30] Estonia, France, Greece, Liechtenstein, Malta and Turkey
[31] Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Finland, Germany, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Montenegro, Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Spain and FYROM
[32] Estonia, France, Greece, Ireland, Liechtenstein, Malta, Poland, Sweden, Turkey and United Kingdom

Good practice implementation

Responses on the questionnaire on good practice implementation were received for 28 countries[33]. Responses were not obtained for six countries[34]. Most resource persons who completed this questionnaire were working at national government organisations (18) as advisers/consultants (8) or policymakers (7).

Responses on the additional questionnaire on cost-effectiveness were received for 22 countries[35]. Responses were not obtained for 12 countries[36].

No response from four countries

No responses on any of the three questionnaires were obtained from four countries[37]. The main reasons for non-participation were job changes, budget cuts, reform measures or sick leave.

Response European level

Eight resource persons completed the questionnaire, while seven in total declined to take part because they felt that they did not have the knowledge or information. One resource person failed to keep the arranged interview.

All but one resource person spoke on behalf of their organisation; in some cases resource persons also answered on behalf of their country. One resource person indicated that the answers were personal responses, and not on behalf of the employer.

3.3. Results survey on injury surveillance

The results on the questionnaire on injury surveillance are presented separately for each of the following topics: comprehensive data report, sustainable data collection, intensified use of existing data and sources of injury data collection.

Comprehensive data report

A total of 23 European countries out of the 28 for which information was obtained on this questionnaire (81%) had an injury data report available, of which 15 countries were reported to have a comprehensive data report following the guidelines of the Recommendation. Reasons mentioned for not having a comprehensive injury data report varied for the different countries: some were reported to have available information but not in a standardised, comprehensive report; others were set to have separate reports for the different areas; some used other classifications[38]; some countries were said not to have a comprehensive report because of data problems. Other reasons given included 'no government support to produce a comprehensive

[33] Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, Montenegro, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, FYROM and United Kingdom

[34] Estonia, France, Liechtenstein, Luxembourg, Romania, and Turkey

[35] Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Finland, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Montenegro, the Netherlands, Norway, Portugal, Romania, Slovenia, Spain, Sweden and FYROM

[36] Cyprus, Estonia, France, Germany, Greece, Liechtenstein, Luxembourg, Malta, Poland, Slovakia, Turkey and UK

[37] Estonia, France, Liechtenstein and Turkey

[38] not specified

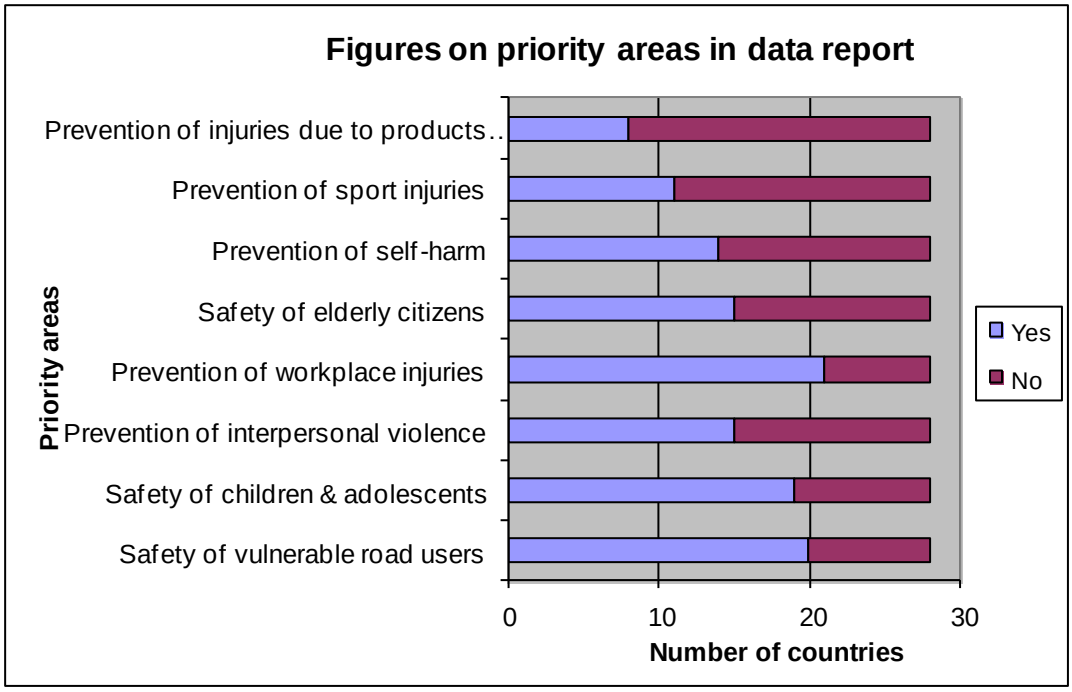
report' and 'not enough data available at national level'. Some reported that information was only available at regional level.

Table 3.1: Comprehensive data report following guidelines of Recommendation

Report available	Number of countries with report	Number of countries without report	Not known/no response
Injury data report	23	5	6
Comprehensive injury data report	15	13	6

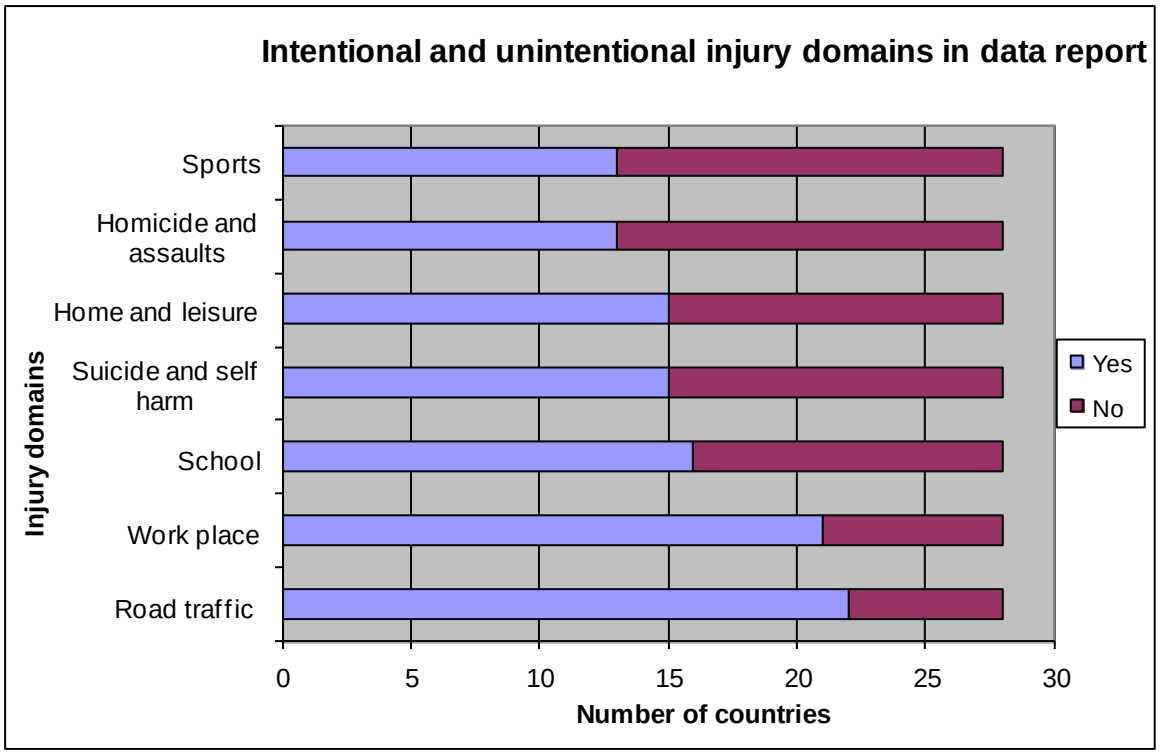
Graph 3.1 (see below) shows whether data reports in the various countries have data available on the different priority areas. The priority areas 'prevention of workplace injuries' and 'safety of vulnerable road users' are those used most in the national data reports of the European countries. The least used priority areas are 'prevention of injuries due to products and services' and 'prevention of sport injuries'.

Graph 3.1: Number of countries with priority areas available in injury data report



Graph 3.2 demonstrates whether the data reports in the different European countries contain data on intentional and unintentional domains. This is a more common classification in the area of injury prevention and safety promotion. Most data are available on the domains of road traffic and workplace; least data are available on the domain of sports.

Graph 3.2: Number of countries by (un)intentional injury domains in injury data report



Sustainable data collection

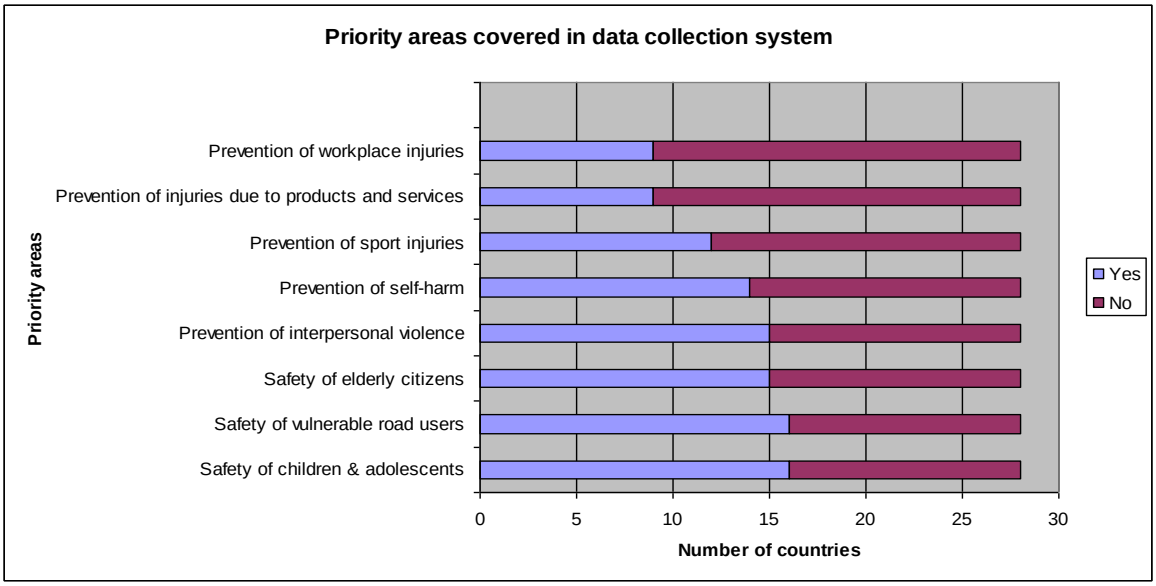
21 countries were said to have a data collection system based on health sector information. Some countries with a data collection system started it in the 1980s.Out of the 21 countries that have a data collection system based on the health sector, 18 were reported as having a sustainable system (see table 3.2). In 13 countries (10 EU countries, 2 EFTA countries and 1 EU candidate country) this system is guaranteed for more than two years. In some countries data collection is the responsibility of the regional level. Three of the 21 countries were reported as not having a sustainable data collection system. Some countries were said to be just at the beginning of establishing their system or had the intention to start such a system in the near future. In some countries it was reported that the system was not a national priority or the current system was not functioning well.

Table 3.2: Time period for sustainable data collection

Period for which data collection system is guaranteed	***Number of countries***
Sustainable data collection for this system	18
Period sustainable data collection guaranteed:	13
Two years or more	2
One to two years	2
One year	0
Less than one year	1
No guarantees	

Graph 3.3 shows the priority areas covered in the 18 countries were a sustainable data collection system based on information from the health sector was in operation. These countries appeared to have the most data available on the areas of 'safety of children and adolescents', 'safety of vulnerable road users', 'prevention of interpersonal violence' and 'safety of elderly citizens'. The least sustainable data based on information from the health care system was available on the areas 'prevention of injuries due to products and services' and 'workplace injuries'. Some countries used other injury data sources than the health sector information system for workplace injuries.

Graph 3.3: Priority areas covered in sustainable data collection system.



Some countries applied other injury classifications, such as intentional and unintentional injury domains. Resource persons mentioned the dilemma of overlap between the priority areas, for example safety of children and safety of vulnerable road users.

The priority areas of the Council Recommendation do not fully account for all data that are collected in the European countries. Some countries have age-specific data available, or data from primary care and hospital care, or data per region of the country.

Table 3.3 provides information on future plans to set up a system for sustainable data collection. Of the 10 countries that currently do not have such a system, nine were said to have plans to set up a sustainable system in the near future. None of these countries were planning to include all priority areas. However, seven countries had the intention to collect data on the prevention of injuries due to products and services, an area with the least data in the current data collection system.

Table 3.3: Number of countries planning sustainable data collection systems in the future by priority area

Sustainable data collection in the future		***Number of countries***
Plan to set up a system for sustainable data collection		9
Priority areas covered in future system for sustainable data collection	-Safety of children & adolescents	5
	-Safety of elderly citizens	5
	-Prevention of self-harm	5
	-Prevention of interpersonal violence	5
	-Prevention of sport injuries	6
	-Prevention of workplace injuries	6
	-Safety of vulnerable road users	7
	-Prevention of injuries due to products and services	7
	Other, namely, home-injuries	2

Of the 21 countries that had a data collection system based on the health sector, all used data on fatalities as important sources of information, followed by hospital admissions (20) and hospital outpatients (18). Other sources of medical treatments mentioned were primary health care data, general practitioner visits and health interview surveys.

Table 3.4: Data sources at various levels of injury severity

Data sources: Injuries at various levels of severity	***Number of countries***
-Fatalities	21
-Hospital admissions	20
-Hospital outpatients (treatment in ED)	18
-Other medical treatment	10

Table 3.5 shows the number of countries using various sources of injury data collection for the different priority areas. Mortality statistics and hospital discharge registers were the most used sources for all priority areas in all European countries, except for the area of prevention of injuries due to products and services. Data from emergency departments followed in importance, but with a smaller number of countries. Surveys in other medical treatments and household surveys were the least used sources for all priority areas and in all countries. Insurance statistics were used for 'safety of vulnerable road users' and 'work place injuries'. Graph 3.4 (see Annex 2) demonstrates this information in a graphic way.

Table 3.5: Number of countries that use sources of injury data collection for each priority area

Priority areas (n=28)	Mortality statistics	Hospital discharge registers	Health interview surveys	Data from emergency departments	Surveys in other medical treatments	Household surveys	Unintentional injuries insurance statistics	Other
Children & adolescents	26	26	12	20	5	8	6	4
Elderly citizens	26	25	11	20	4	8	4	4
Vulnerable road users	26	22	10	20	5	6	11	16
Sport injuries	17	14	8	15	4	5	6	7
Products & services	11	9	3	12	3	2	2	8
Self-harm	25	21	10	17	10	5	2	6
Interpersonal violence	21	20	11	16	8	6	3	10
Workplace injuries	19	17	10	14	4	6	11	10

Table 3.6 shows whether information on injury data was available in a comparable format with harmonized classifications. This means that there is additional information, apart from the incidence and prevalence of injuries, on characteristics of patients, diagnoses and other conditions relating to injuries. Mortality statistics, hospital discharge registers and data from emergency departments were the best sources to obtain this additional information. Codes for place of occurrence are available for all hospital discharge and emergency department data, but were not being consistently used.

Table: 3.6 Information on injury data in a comparable format with harmonized classifications

Source of injury data collection (n=28)	Key characteristics of patients	Diagnoses	External causes of injuries	Place of occurrence	Involved activities	Involved products & services
Mortality statistics	23	23	24	12	7	5
Hospital discharge registers	22	26	21	12	9	6
Health interview surveys	15	6	9	9	7	4
Data from emergency departments	19	19	19	15	13	11
Surveys in other medical treatments	7	5	7	3	3	3
Household surveys	7	4	7	5	7	2
Unintentional injury insurance statistics	10	9	9	7	6	6

Almost half of the countries had additional indicators for their injury data collection, mainly absenteeism or lost productivity, medical costs and disabilities (see also table 3.7).

Table 3.7: Additional indicators

Additional Indicators	Number of countries with additional indicators	Number of countries without additional indicators	Not known/ no response
Additional indicators for burden of injuries	16	12	6
Which other indicators:			
-Medical costs	11	17	6
-Disabilities	11	17	6
-Absenteeism/ lost productivity	12	16	6
-Other	4	24	6

Role of the Council Recommendation

Respondents from 19 out of 28 countries (68%) reported that the Council Recommendation had played a positive role in the availability of the current data collection system. Respondents from 14 countries felt that the Council Recommendation played a role in the intensified use of data and in the improvement of sources and classifications. The main reason cited was the recommendation's focus on the importance of having a sustainable injury surveillance system and its strong support to national political decisions.
Most resource persons mentioned that the Recommendation stimulated the process of national political decision-making on injury prevention; some others stated that it played a role in getting or continuing funding opportunities and served as a reference for the national establishment of a data collection system. The JAMIE project[39]was mentioned by several countries as a project that supports and improves the national injury surveillance.

Ten resource persons mentioned that the Council Recommendation did not play an important role in the data collection system. Three of these were from countries which already had a well-functioning data collection system prior to the Recommendation. Two of these were countries[40] not familiar with the Recommendation, but had a system in place and one[41] noticed that the system was mainly established with WHO support, rather than the Council Recommendation. The other four countries mentioned political or budgetary reasons for not having a data collection system in place. In 14 countries there was reported to be an intensified use of existing data due to the Recommendation that created awareness among stakeholders. Resource people from two countries[42] mentioned the contribution of the Recommendation to the existence of an injury data base and the exchange of data at international level. Also, the Recommendation was said to have encouraged the health sector to collect injury data and share it with stakeholders. Responses from nine of the 14 countries indicated that this intensified use of data was to a high degree, in contrast with five countries that reported a low degree of intensified use.

In 15 countries there was reported to be an improvement of sources and classification of data collection; in 10 countries the level of these improvements was said to be high or very high. In five countries there were reported improvements such as development and implementation of a new emergency room based injury surveillance

[39] JAMIE – EU joint action for monitoring injuries in Europe, see Ch 4.2
[40] BE, NO
[41] ES
[42] HR,NL

system, an improved use of existing data and elaboration of plans for developing a better monitoring system, using the IDB methodology as part of the JAMIE project.

Table 3.8: Role of the Council Recommendation in the collection of injury data

Role Council Recommendation	*Number of countries*
Council Recommendation plays a role in current data collection system	19
Intensified use of existing data due to the Recommendation	14
Level of intensified use of data due to the Recommendation -Very high -High -Low -Very low	 3 6 5 0
Improvement of sources and classification data collection due to Recommendation	15
Level of improvement of sources and classification data collection due to Recommendation -Very high -High -Low -Very low	 4 6 5 0

Additional remarks

The questionnaire also requested additional remarks from resource persons with regard to injury surveillance. Some of those remarks were:

- Injury prevention is inter-sectoral, thus requiring collaboration in data collection and in policy development and implementation within different sectors. Countries could benefit from comprehensive approaches at EU level.
- It is important that WHO, EU and other stakeholders work together to avoid duplication in information systems.
- Dependency on the health sector data collection system makes the reporting on injuries vulnerable when changes occur in the sector, e.g. decentralisation, changing classifications, etc.
- The root causes of intended and non-intended violence are relevant and the two types of injuries require different approaches. This should be recognised nationally and internationally.

3.4. Survey good practices implementation

The results on the questionnaire on good practices implementation are presented separately for the following topics: good practices guidelines, safety targets, development and implementation of sustainable good practice, campaigns and cost-effectiveness. 28 resource persons answered the questions of this survey.

Good practices guidelines

Table 3.9 presents data on the number of countries that had developed good practices guidelines for the different priority areas. Most European countries had developed these guidelines for the areas 'safety of children and adolescents' (25) and 'prevention of workplace injuries' (25), followed by 'safety of vulnerable road users' (23) and 'prevention of interpersonal violence' (23). Just over half of the European countries had good practice guidelines on the areas 'prevention of self-harm' (16) and 'prevention of sport injuries' (15).

Responses from 22 countries indicated that the Council Recommendation had played a role in the development of these good practices guidelines. The Recommendation was said to have created awareness among Member States for the importance of developing good practices guidelines, supported national policy development and encouraged Member States to take on initiatives in this area. The Recommendation was identified as having boosted political and financial commitment in some countries. It had also supported networking and collaboration among experts in the European countries and contributed to a systematic approach, transparency of actions and strengthening of inter-sectoral cooperation.

In some Member States or EU-affiliated countries the Council Recommendation was reported not to have played a role. One reason was because it was not been implemented or only a few experts in the country were familiar with it. Another reason was that good practices guidelines were already developed before the release of the Recommendation.

Table 3.9: Development of good practices guidelines by indicator topic

Indicator		Number of countries with guidelines	Number of countries without guidelines	Not known/no response
Good practices guidelines developed for:	-Safety of children & adolescents	25	3	6
	-Prevention of workplace injuries	25	3	6
	-Safety of vulnerable road users	23	5	6
	-Prevention of interpersonal violence	23	5	6
	-Safety of elderly citizens	22	6	6
	-Prevention of injuries due to products and services	20	8	6
	-Prevention of self-harm	16	12	6
	-Prevention of sport injuries	15	13	6
	-Other, e.g. home safety, recreation safety	6	22	6
Council Recommendation plays a role in developing good practices guidelines		22	6	6

Graph 3.5 clearly shows that most European countries have developed good practices guidelines for almost all priority areas.

Graph 3.5 Extent of development of good practice guidelines among EU countries (n=28)

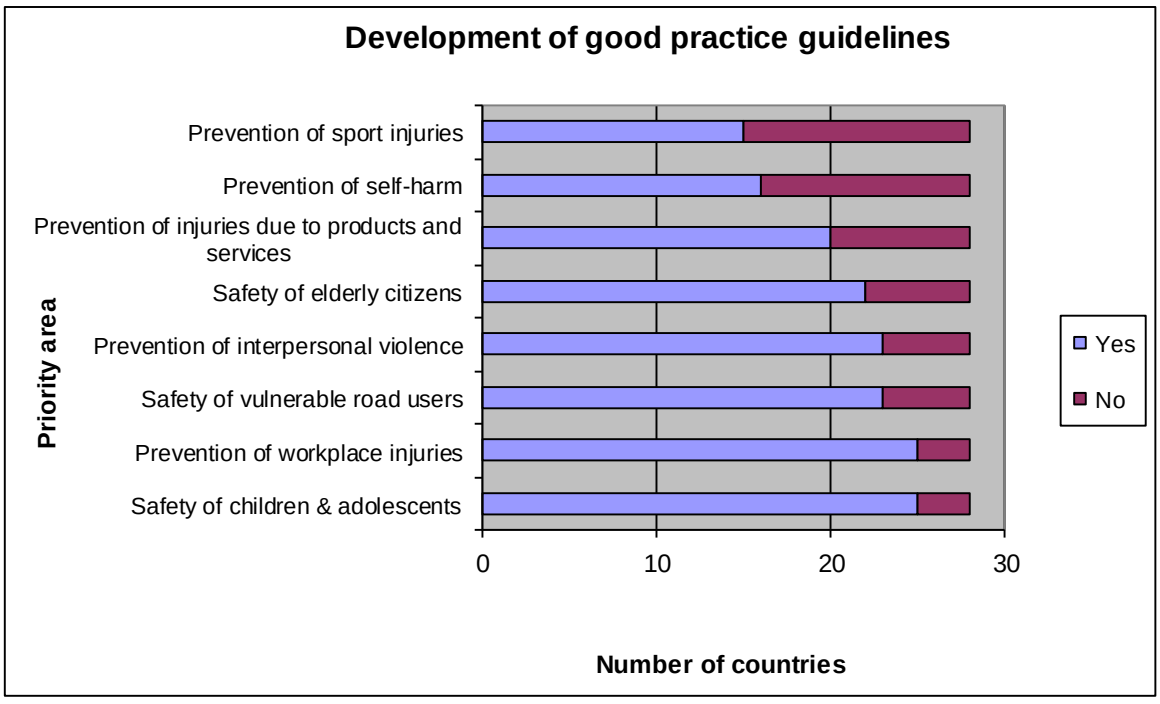


Table 3.10 contains examples from different countries of good practices guidelines developed within the priority areas. Notably the current classification causes problems, because of overlap between the priority areas. Given the wide variation in guidelines for each country, it is impossible to give a clear and comprehensive European overview of all guidelines. In each of the country reports examples are described in more detail.

Table 3.10: Examples of practices guidelines

Priority areas	Types of guidelines
Safety of children & adolescents	• Information and materials for the prevention of burns • Safety information cards for parents and children • Risk monitor for healthy schools
Safety of elderly citizens	• Fall prevention programmes • Information to promote home safety
Safety of vulnerable road users	• Information to promote safe transport • Safe traffic around schools • Speed limits • Compulsory mirrors trucks and buses • Traffic education at schools • Promotion of (motor)bicycle helmets
Prevention of sport injuries	• Tailored sport injury prevention • Training of trainers • Mandatory exercises in high risk sports
Prevention of injuries due to products and services	• Poisoning prevention teaching material • Target group and market analysis • Information on product safety for children • Information and training for working with dangerous materials
Prevention of self-harm	• Good practice for mental health care • Guidelines for recognising suicidal behaviour
Prevention of interpersonal violence	• Shelter for mother and children

	• Temporary house restraint • Training material and courses for professionals for early detection and prevention of abuse, domestic violence, gender violence, child maltreatment and elder abuse
Prevention of workplace injuries	• Risk assessment at the workplace • Good practice guidelines for risky work • Guidelines for preventing injuries at different kind of jobs

Safety targets

In the analysed data for European countries safety targets were formulated in particular for the priority areas 'safety of children and adolescents', 'safety of vulnerable road users', 'prevention of workplace injuries' and 'safety of elderly citizens'. The other priority areas were mentioned considerably less by the resource persons in this exercise. Table 3.11 and graph 3.6 (see Annex 2) present these results.

The resource persons described examples of their current safety targets for the several priority areas. Because of the large amount of safety targets it is impossible to summarize them in this overview report. In the country reports these safety targets are presented in detail for each country.

The Council Recommendation is reported as having played a role in developing safety targets in the several priority areas in 19 countries, namely it provides a focus for national actions and priorities, stimulates harmonization of the work on injury prevention among the Member States and provides direction for national safety targets. In some countries the Council Recommendation did not play a role, because the experts in the country were not familiar with it and thus they did not use it; because there are no safety targets at all in some countries and in other cases because safety targets were already defined before 2007. It should be noted here that the use of safety targets and the role of the Recommendation differ for each priority area.

Table 3.11: Safety targets

Indicator		Number of countries with safety targets	Number of countries without safety targets	Not known/ no response
Safety targets defined for:	-Safety of children & adolescents	21	7	6
	-Safety of vulnerable road users	21	7	6
	-Prevention of workplace injuries	19	9	6
	-Safety of elderly citizens	17	11	6
	-Prevention of interpersonal violence	15	13	6
	-Prevention of self-harm	12	16	6
	-Prevention of injuries due to products and services	12	16	6
	-Prevention of sport injuries	10	18	6
	-Other	8	20	6
Council Recommendation plays a role in developing safety targets		19	9	6

Development of sustainable good practices

25 European countries reported having developed sustainable good practices in recent years. However, responses from three countries were that sustainable good practices had not been developed because of lack of political support and lack of resources. Many examples of sustainable good practices development were provided by participants. Most of these belonged to the priority areas 'safety of vulnerable road users' and 'safety of children and adolescents' or to programmes that belong to both areas. Other examples frequently mentioned were for the priority area 'prevention of interpersonal violence', mainly related to the priority area 'safety of children and adolescents'.

The Council Recommendation was reported as having played a role in developing these sustainable good practices in 18 European countries by providing direction and leadership in the development of sustainable good practice. This indicates the crucial issues and focuses the attention on priority areas and vulnerable groups.

The resource persons mentioned that the Recommendation did not play an important role in 10 European countries, mainly because the development of good practices already started before the Recommendation. Others remarked that the Council Recommendation played a role, but it was not the only factor that influenced the development of sustainable good practice. Some countries, however, mentioned that national experts were not familiar with the Recommendation or that it was not a political priority.

Implementation sustainable good practices

Responses from 23 European countries reported implementing the sustainable good practices, previously mentioned when discussing the development of these programmes. Some resource persons, however, commented that some programmes

were developed and positively evaluated, but not implemented yet due to lack of resources or lack of political support. In the country reports examples of the development and implementation of sustainable good practices are described in detail for each country.

In 16 countries the Council Recommendation was reported as having played a role in the implementation of sustainable good practices, defining priorities and highlighting the need for national action plans and implementation of sustainable good practices. Also, the Recommendation provided leadership, direction and support for a systematic implementation of the latest scientific achievements and best practices. The reason the Recommendation did not play a role in some countries were linked to the fact that the implementation had already taken place before 2007, and that the implementation was not a national issue or not a political priority. These reasons are similar to those mentioned for the development of sustainable good practices.

Campaigns

In 26 countries national campaigns were reported as being carried out. The campaigns in most European countries were related to the priority areas 'safety of children and adolescents', 'safety of vulnerable road users' and 'prevention of interpersonal violence'; also the area 'safety of elderly citizens' was mentioned by several countries. Campaigns on the other priority areas were hardly mentioned, especially for the 'prevention of sport injuries' and the 'prevention of injuries due to products and services'.

The Council Recommendation was reported as having played a role in executing these campaigns in 14 countries (56%). This demonstrates the need for more attention for carrying out campaigns on injury prevention and safety promotion. It was mentioned that some international campaigns were adapted for national use. The Recommendation also provided an impetus for changing the political will and priorities at national level. The Council Recommendation was said not to have played a role in some countries because there was too much distance between the Recommendation and the campaigns at national level. EU legislation was said to be helpful to take policy decisions and to initiate sustainable actions, but not to play a role in executing campaigns at national level. Furthermore, not all experts were familiar with the Council Recommendation in some countries, and in a few it was not implemented at all.

Cost effectiveness

After completing the survey, the team approached the resource persons for the good practices implementation questioning the perception on cost-effectiveness of programmes on preventing injuries and promoting safety. The definition of cost-effectiveness was interpreted in different ways in different countries. In the examples provided there was hardly any economic analysis performed. No supporting documents were provided by resource persons with such information. The information below should therefore be considered to be subjective judgements where resource persons felt that there was "value for money" in the programmes.
The examples of cost-effective programmes and interventions below were provided by the resource persons. Examples were not analysed (not least because of language issues) and therefore the criteria countries apply for assessing a programme as cost-effective may vary from country to country. Also, it was not asked if any of these programmes had an evaluation published in peer reviewed scientific literature, which is a limitation to this exercise.

Table 3.12: Examples of cost-effective programmes that are implemented

Priority areas	Country	Examples
Safety of children & adolescents	**Czech Republic**	-International Safe School programme[43] -Healthy childhood without injury[44] -Forsee![45] -Safe lokality[46] -National days without injuries[47]
	Iceland	A national child and adolescents programme since 1991
	Lithuania	Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion
	Montenegro	-Project School without Violence -Subject in school Healthy Life Styles -Project of the Protection of Children's Rights from Abuse and Neglect -Systematic medical examination of pupils in schools
	Netherlands	Fall from height[48] Drowning, burning, cot death; firework campaigns[49]
	Portugal	Security since birth
	Romania	National programme for development of a network of community social services for children and families
	Sweden	-Wearing bicycle helmets -Safety devices in cars
	FYROM	Protocol for treatment of domestic violence for children: Guide for child injury prevention translated in Macedonian
Safety of elderly citizens	**Czech Republic**	Life 90[50]
	Italy	-Organizing groups of "older walkers" in natural or historical environment[51] -Promotion programmes of physical activities in gyms
	Montenegro	Project Elderly Care in Montenegro
	Netherlands	Multifactorial interventions to prevent falls
	Portugal	Be more careful
	Romania	National programme of home care services for elderly
	Sweden	-Training of muscles -Training of balance

[43] www.cupcz.cz
[44] www.nszm.cz, www.detstvibezurazu.cz
[45] www.ibesip.cz
[46] www.mvcr.cz
[47] www.nszm.cz
[48] http://www.veiligheid.nl/voorlichtingsmateriaal/promotiemateriaal-valwijzernl/$file/valwijzer.pdf
[49] http://www.veiligheid.nl/projecten-en-campagnes/task-force-opsporing-vuurwerk-bommenmakers
[50] www.zivot90.cz, www.isenior.cz
[51] http://www.ccm-network.it/documenti_Ccm/PNP_2010/programmazione/Piemonte/gruppi-cammino.pdf, http://www.ccm-network.it/node/1149, http://www.ccm-network.it/programmi/2009/gruppi-cammino_Asl-liguri, http://www.ccm-network.it/documenti_Ccm/convegni/SANIT/materiali2008/poster/34P_Gruppi_cammino_Veneto_Gallo.pdf

		-Attention to medications
	FYROM	Protocol for treatment of domestic violence for elderly violence
Safety of vulnerable road users	**Czech Republic**	-Safe route to school[52] -The Action[53], Apple or lemon, -On bike only with helmet -Ajax notebook[54] -Armadillo -Can you see me? (www.mesto-kromeriz.cz) -Let´s agree[55] -Do not you think, you will pay[56] -It´s up to you[57] -Partnership[58]
	Ireland	Irish Road Safety Authority's current campaign for the safety of vulnerable road users[59]
	Italy	-Mandatory use of helmet on motorpeds has been extended to adults -A campaign targeting persons whom have been penalized for driving motorpeds or motorcycles without helmets in Bari
	Latvia	Road safety programme 2007-2013. Cost effectiveness from 2007-2009 was 129,66 mil Lats (data source Road Safety directorate)
	Montenegro	Projects from the Policy Directorate for safety of road users
	Netherlands	Safely carried by bikes[60]
	Portugal	Children in the automobile
	Romania	National Programme "Stop accidents. Life has priority"
	Sweden	-Wearing bicycle helmet -Safety devices in cars -Use of ice-spikes
	FYROM	-DVD Guide for children -Road safety ABC
Prevention of sport injuries	**Italy**	Mandatory use of helmets for children (age 0-14) on the ski slopes
	Montenegro	-Subject in school Sports for Sports persons -Programmes Centre for Sports medicine
	Netherlands	-Use of ankle braces[61] -Falling is a sport in itself[62]
	Romania	National Program "Sports for All"
Prevention of injuries	**Montenegro**	Systematic medical and sanitary examination of workers

[52] www.szu.cz, www.prazskematky.cz
[53] www.theaction.cz
[54] www.mvcr.cz
[55] www.domluvme-se.cz
[56] www.nemyslis-zaplatis.cz
[57] www.jetonatobe.cz
[58] www.nadacepartnerstvi.cz
[59] http://rsa.ie/en/RSA/Road-Safety/Campaigns/Current-road-safety-campaigns/Vulnerable-Road-Users/
[60] Veilig achterop. http://www.veiligheid.nl/projecten-en-campagnes/veilig-achterop
[61] Versterk je enkel, voorkomblessures.nl. http//www.voorkomblessures.nl/csi/websitesportblessure.nsf
[62] Vallen is ook een sport. http://www.veiligheid.nl/projecten-en-campagnes/lespakket-vallen-is-ook-een-sport; http://valtraining.nl

due to products and services	**Romania**	National competition on consumer protection issues "Choose! Is your right"
	Sweden	-Use of fire detector -Using child resistant closure
Prevention of self-harm	**Czech Republic**	-Health promoting school (prevention of all forms of violence)[63] -International safe schools[64]
	Ireland	Programme OSPI-Europe[65]
	Montenegro	-Programme Centre for mental health -Counselling centres for young population -Developmental counselling -Inside the municipalities: Office for drugs prevention
	Romania	Center attempted suicide prevention for children and adolescents
Prevention of interpersonal violence	**Czech Republic**	Healthy school Peer program on prevention of bullying, cyber bullying and sexual abuse
	Montenegro	-Project School without Violence -Periodic examination of workers under the occupational medicine
	Romania	National Program for Preventing, Monitoring and Combating Domestic Violence
	FYROM	Protocol for treatment of domestic violence
Prevention of workplace injuries	**Czech Republic**	Healthy enterprise[66]
	Ireland	A business electronic safety management and risk assessment tool for small businesses[67] developed by The Irish Health and Safety Authority
	Montenegro	-Centre for occupational medicine -Systematic medical and sanitary examination of workers
	Portugal	Organization of security services and occupational health, to micro and small enterprises
	Romania	National Project "Together for Our Safety"
	FYROM	Protocol for safety at workplace
Other, namely:	**Czech Republic**	-Safe community programme[68] -Health promoting hospitals[69]

Additional remarks

Some additional remarks on this questionnaire on good practices implementation made by the resource persons were:

- The European Commission could play a more active role in the promotion of implementation of prevention programmes by the European countries. In addition,

[63] www.program-spz.cz, www.szu.cz
[64] www.bezpecnaskola.cz, www.cupcz.cz
[65] http://www.ospi-europe.com/
[66] www.szu.cz
[67] http://besmart.ie/
[68] www.cupcz.cz
[69] www.mzcr.cz

it would make sense to exchange and spread the existing knowledge on effective interventions at European level.

- More attention has to be put on international capacity building, education of experts in the field, networking and exchange of good practices.
- WHO EURO, the European Commission and other stakeholders have to work together in order to establish synergies at European level. This can facilitate inter-sectoral work at a national level and contribute to a comprehensive approach.
- Injury prevention and safety promotion need a cross-governmental and cross-sectoral approach. Responsibility is not limited to one organisation or programme.
- The Council Recommendation did not address the violence issue with a comprehensive approach. This area could be strengthened.

3.5. Survey on national policy development

The results of the questionnaire on national policy development are presented separately for the following topics: policy documents on overall coordination, policy documents on priority areas, policy on gender and vulnerable groups, availability and use of evidence based programmes, monitoring progress implementation policy, vocational training programmes, integration in school curricula, interdepartmental coordination group, national focal point, national and European conferences and seminars. Results from this questionnaire on injury surveillance are reported in the injury surveillance section of the report. In total 24 country representatives responded to this survey.

Policy documents on overall coordination

18 countries had policy documents available on the overall coordination of injury prevention and safety promotion. The main reason resource persons mentioned for not having policy documents was because injury prevention was divided into different sectors that all have their own policy documents, without a common framework. In one country there was a national injury prevention programme, but this programme did not incorporate all priority areas and the coordination between these areas. However, the countries that reported having a policy document on overall coordination, specified titles and provided links to the team that referred to policy documents on specific areas, such as road safety or prevention of domestic violence. Many countries had policy documents on overall coordination for these specific areas.

In 13 of the 18 countries with policy documents on overall coordination the Council Recommendation was reported as having played a role. The Recommendation was reported as having helped to establish national plans on overall coordination and to strengthen the cooperation and harmonization of inter-sectoral work and legislation in line with international standards. Three countries mentioned the WHO resolution and WHO support that played a role as well as the Recommendation. Both the EU and WHO had helped to motivate the overall coordination in the country and the formulation of a national policy. Reasons mentioned why the Council Recommendation did not play a role in some countries was because policy documents already existed before the Recommendation. Other reasons mentioned were that countries are not sufficiently familiar with the Recommendation (e.g. EU affiliated countries) or that the

situation in the country appeared to be too complicated to implement the Recommendation.

Policy documents on priority areas

Table 3.14 shows the number of countries that had policy documents on the different priority areas. Almost all European countries had policy documents available on the areas 'safety of children and adolescent', 'safety of vulnerable road users', 'prevention of interpersonal violence' and 'prevention of workplace injuries'. Only a few countries had policy documents on the priority areas 'safety of elderly citizens' and 'prevention of sport injuries'. Links to these documents are presented in the country reports.

The Council Recommendation was reported having played a role in the availability of these documents in 14 European countries. The reasons mentioned were raising political commitment, international exchange and support. Also, the Recommendation contributed to the selection of good practices, guidelines and evidence-based interventions in the different priority areas. The Recommendation did not play a role in countries that already had these documents and policy available before the release of the Recommendation, or because these policies were mainly based on national priorities and urgencies. Other reasons mentioned were being unfamiliar with the Recommendation or that there was no implementation of the Recommendation at all.

Table 3.14: Policy documents on priority areas

Indicator		Number of countries with policy documents	Number of countries without policy documents	Not known/ no response
Policy documents available on the priority areas	Safety of children & adolescents	21	3	10
	-Safety of elderly citizens	11	13	10
	-Safety of vulnerable road users	21	3	10
	-Prevention of sport injuries	8	16	10
	-Prevention of injuries due to products and services	12	12	10
	-Prevention of self-harm	13	11	10
	-Prevention of interpersonal violence	19	5	10
	-Prevention of workplace injuries	21	3	10
	-Other, e.g. school safety, young adults safety	4	20	10
Council Recommendation plays a role in the availability of these policy documents		14	10	10

In Graph 3.7 (see Annex 2) the availability or absence of policy documents on all priority areas is presented.

Policy on gender and vulnerable groups

Table 3.15 shows the number of countries that had developed policies on gender and/or vulnerable groups. 11 countries had policies on vulnerable groups as well as gender; 21 countries had policies on vulnerable groups only. Only three countries did not have such policies available. It was reported that this issues was not a priority in those countries. The areas of policies on gender or vulnerable groups were the prevention of 'domestic violence', 'gender violence', 'intimate partner violence', 'sexual abuse' and prevention of 'violence against homosexuals and women'. One country[70] had a specific policy for Roma people. In other countries there was special attention for injury prevention and safety promotion on 'children and adolescents' and 'vulnerable road users', including pedestrians, cyclists and children.

The Council Recommendation states that "in their implementation, particular attention should be paid to gender aspects and to vulnerable groups such as children, elderly people, persons with disabilities, vulnerable road users, and to sports and leisure injuries, injuries caused by products and services, violence and self-harm". The results suggested that the recommendation played a role in these policies in 11 European countries. Also, the Recommendation has contributed to the promotion and development of specific components related to vulnerable groups in single programmes or to special programmes for vulnerable groups. The Recommendation was reported as less relevant in those countries where these policies were available before its release in 2007, or where developments in the field of injury prevention and safety promotion were more driven by national priorities. One country[71] indicated that a policy on vulnerable groups was not a national priority.

Table 3.15: Policy on gender and vulnerable groups

Indicator		Number of countries with policy	Number of countries without policy	Not known/ no response
Policies for:	-Gender	11	13	10
	-Vulnerable groups	21	3	10
	-Gender & vulnerable groups	11	13	10
	-Neither	3	21	10
Council Recommendation plays a role in realizing these policies		11	13	10

Availability of evidence based programmes

20 countries had evidence-based programmes available in the priority area 'safety of children and adolescents', 21 European countries had evidence-based programmes on 'safety of vulnerable road users', and 19 countries on 'safety of workplace injuries' and safety of interpersonal violence'. The number of countries that had evidence-based programmes on the other areas was lower, see also table 3.16.

[70] RO
[71] BE

The Council Recommendation was reported as having played a role in 10 countries, mainly because of guidelines and clear criteria as well as examples of good practice. . Two countries[72] mentioned that the Recommendation did not play a role because of lack of resources.

Table 3.16 Availability evidence based programmes

Indicator		Number of countries with programmes	Number of countries without programmes	Not known/ no response
Availability evidence based programmes for:	-Safety of children & adolescents	20	4	10
	-Safety of vulnerable road users	21	3	10
	-Prevention of workplace injuries	19	5	10
	-Prevention of interpersonal violence	18	6	10
	-Safety of elderly citizens	17	7	10
	-Prevention of sport injuries	12	12	10
	-Prevention of injuries due to products and services	11	13	10
	-Prevention of self-harm	13	11	10
	-Other, e.g. parents' education	4	20	10
Council Recommendation plays a role in the availability of these programmes		10	14	10

[72] BE, UK

Use of evidence-based programmes

In table 3.17 the use of evidence-based programmes is presented for each priority area. The figures in this table are almost similar to those in table 3.16. This means that countries that had evidence-based programmes available also reported using these programmes. In 13 countries the Council Recommendation was reported as having played a role in the use of evidence-based programmes. The reasons for the Recommendation playing a role were similar to those with regard to the availability of these programmes.

Table 3.17: Use of evidence based programmes

Indicator		Number of countries using programmes	Number of countries not using programmes	Not known/ no response
Use of evidence based programmes for:	-Safety of children & adolescents	20	4	10
	-Safety of elderly citizens	17	7	10
	-Safety of vulnerable road users	21	3	10
	-Prevention of sport injuries	12	12	10
	-Prevention of injuries due to products and services	11	13	10
	-Prevention of self-harm	13	11	10
	-Prevention of interpersonal violence	18	6	10
	-Prevention of workplace injuries	19	5	10
	-Other, namely:	4	20	10
Council Recommendation plays a role in the use of these programmes		13	11	10

Monitoring progress implementation of policy

In 18 European countries the progress of the implementation of policy was being monitored. In most countries this monitoring was a regular process and an integral part of program monitoring and assessement system. Several indicators were used to evaluate policies, programs and interventions. For some countries this monitoring took place in specific areas only. The most reported area by all countries was on road safety. In 15 of the 18 European countries with a monitoring system the Council Recommendation was reported as having played a role, mainly because it stresses its importance, but also because it guides countries in this process. The Recommendation provided solid guidance on what should be included in developing national policy. One country[73] indicated that not only the EU, but also WHO helped a lot in this field. Reasons for the Recommendation not playing a role is that this monitoring system already existed in these countries or because the Recommendation was not implemented yet.

Funding opportunities

Funding opportunities were reported to have increased in a relatively small number of countries, see table 3.18. The funding for injury surveillance had increased most

[73] HU

often, namely in 12 countries; funding for coordination tasks increased in five countries. The Council Recommendation was reported having played a role in 11 countries for increasing funding opportunities because it stresses the importance of injury prevention and safety promotion in general, which increases the political priority in this area. The EU Public Health Programme 2003-2008 and Health Programme 2008-2013 gave concrete opportunities for funding. In countries where national priority setting was taking place, the Council Recommendation did not play a role in increasing funding opportunities. Other reasons mentioned were the bad economic situations of the country and injury prevention not being a political priority.

Table 3.18: Funding opportunities

Indicator		Number of countries with funding	Number of countries without funding	Not known/ no response
Funding opportunities for:	-Injury surveillance	12	12	10
	-Development of interventions or programmes	11	13	10
	-Research on effectiveness of interventions or programmes	6	18	10
	-Implementation of evidence based interventions or programmes	10	14	10
	-Implementation of policies	8	16	10
	-Coordination	8	16	10
	-Other, e.g. legislation:	1	23	10
Council Recommendation plays a role in increasing funding opportunities		11	13	10

Vocational training programmes

Vocational training programmes in the health sector covering injury prevention were reported from 22 European countries, see table 3.19. Also, injury prevention was present in vocational training programmes in other sectors, like the educational sector, social sector and the occupational sector. Furthermore, injury prevention was included in education for professionals like police, lifeguards, firemen, military and car drivers.

The Council Recommendation, which stresses the importance of the incorporation of injury prevention in vocational training programmes, was reported as having played a role in the introduction of injury prevention in vocational training programmes in 11 European countries.

The Council Recommendation was reported as not playing a role in some countries because the introduction of injury prevention in vocational training programmes was mainly dependent on national priorities or these programmes were already implemented before the Recommendation. In other countries the Recommendation was not implemented yet or had no influence in the training and education sector.

Table 3.19: Vocational training programmes

Indicator	Number of countries with training	Number of countries without training	Not known/ no response
Injury prevention in vocational training programmes health sector	22	2	10
Injury prevention in vocational training programmes other sectors	15	9	10
Council Recommendation plays a role in the introduction of vocational training programmes	11	13	10

Integration into school curricula

Policy initiatives to integrate injury prevention and safety promotion in school curricula were reported from 20 countries, of which three countries only had initiatives at primary schools, two countries[74] only at secondary schools and 15 countries at both primary and secondary schools (see table 3.20). One reason mentioned for not integrating in school curricula was that the focus of schools is on its core business - reading, writing and maths - and not on injury prevention. Another reason given was lack of political priority. One country[75] reported that health education was organised in the context of extracurricular activities and that it depended on schools if they wanted to use it or not.

The Council Recommendation was reported as having played a role in 11 countries for having policy initiatives for integration of injury prevention in school curricula. The Recommendation was said to have reinforced political commitment towards safety education in several countries. The Council Recommendation was reporting as not playing a role in those countries when education programmes already existed before 2007, or when there was no integration at all.

[74] IT,LU
[75] SI

Table 3.20: Integration in school curricula

Indicator		Number of countries with school curricula	Number of countries without school curricula	Not known/ no response
Policy initiatives to integrate injury prevention and safety promotion in school curricula	-Only primary schools	3	21	10
	-Only secondary schools	2	22	10
	-Both primary and secondary schools	15	9	10
	-Neither	3	21	10
Council Recommendation plays a role in integration into school curricula		11	13	10

Table 3.21 shows the integration in school curricula in the different priority areas. These figures include only the 19 countries in which integration in school curricula was present. The priority areas most frequently addressed in school curricula were 'safety of children and adolescents' and 'safety of vulnerable road users'. The least included areas were 'safety of elderly citizens', 'prevention of injuries due to products and services' and 'prevention of self-harm'.

Table 3.21: Countries with integration in school curricula

Indicator		Number of countries
Integration into school curricula of:	-Safety of vulnerable road users	16
	-Safety of children & adolescents	15
	-Prevention of interpersonal violence	11
	-Prevention of sport injuries	10
	-Prevention of workplace injuries	7
	-Prevention of injuries due to products and services	6
	-Prevention of self-harm	5
	-Other, e.g. sexual violence:	5
	-Safety of elderly citizens	3

Interdepartmental coordination group

In 10 countries an interdepartmental coordination group was stated to be present. In these countries, the main focus of the group was on one or more priority areas or themes. Only two countries[76] indicated having an interdepartmental coordination group responsible for the overall coordination in the field of injury prevention and safety promotion. The ministries most mentioned as being involved were the Ministry

[76] FI, NO

of Health, Ministry of Justice, Ministry of Social Affairs, Ministry of Transport, Ministry of Education, Ministry of Sports, Ministry of Human and Minority Rights. Four countries mentioned the involvement of the Ministry of Labour. Other organisations mentioned national governmental organisations, insurance companies, advisory committees, universities and WHO. In most countries the Ministry of Health holds the secretariat, but also other institutes or ministries are involved, like the Ministry of Transport and the institute for equality of women and men. The reason given for most of the 14 countries not having an interdepartmental coordination group was that there was no national overall coordination group, but several coordination groups around certain priority areas, themes or age group. Responses from some countries did not express the need for an interdepartmental coordination group. A number of other countries are in the process of developing such a group. Insufficient capacity was also mentioned as a reason for not having an interdepartmental coordination group.

The Council Recommendation was reported as having played a role in establishing an overall interdepartmental coordination group of thematic groups in 13 European countries. It was reported that the group seemed to improve the inter-sectoral cooperation, the political commitment and provide guidelines for the national process. Responses indicated that the Recommendation initiated, promoted and catalysed interdepartmental and international cooperation. Reasons given for the Recommendation not playing a role included that there was no interdepartmental coordination group or that this group already existed before the release of the Recommendation.

Three out of the 10 countries with an interdepartmental coordination group stated that they were cooperating at a high degree in the international network, four of these at a medium degree (see table 3.12). Six countries did not have any budget for this group and in four countries this budget was not enough, according to the resource persons. In eight countries the interdepartmental coordination group had more than three meetings per year.

Table 3. 12: Countries having an interdepartmental coordination group

Indicator		Number of countries
Degree of cooperating interdepartmental coordination group in the international network	High	3
	Medium	4
	Low	3
Budget for interdepartmental coordination group	Yes enough	0
	Yes, but not enough	3
	No budget	6
Frequency of meetings interdepartmental coordination group	No meetings or less than one per year	0
	1-2 x per year	2
	3-4 x per year	3
	More than 4x per year	5

National focal point

Respondents' people from 23 countries reported having a national focal point and that 11 countries had more than one national focal point. The vast majority of countries (23 out of 24) reported having one or more national focal points where the Ministry of Health was involved.. Apart from this ministry, WHO national focal persons, national health institutes and other ministries are mentioned by some countries, as well as organisations that are focused on specific priority areas or themes. The objectives of the focal points were: exchange of knowledge and coordination at national and European level, advocacy for the importance of injury prevention, promotion of evidence-based strategies and development of cross-sectoral partnerships. For some countries specific priority areas of injury prevention and safety promotion were indicated. Often these focal points represented the country in WHO processes and inform WHO on the national strategies.

The Council Recommendation was reported as having played a role in 13 European countries. It facilitated inter-sectoral and international collaboration and was a motivational instrument showing the importance of injury prevention and the necessity for cooperation. The Recommendation was also reported as having played a role in enhancing the political commitments. The most mentioned reason for the Recommendation not playing a role was that the national focal point was already in place before 2007.

Only five countries that had a national focal point, indicated that there was a budget for this function and in all these countries this budget was perceived as sufficient according to the resource persons (see table 3.13). There was no budget because of the economic situation in some countries or because it was not a political priority. However, 20 countries were reported to believe that they were cooperating actively in the international network to a high or medium degree.

Table 3.13: Countries that have a national focal point

Indicator		Number of countries	
Budget available		5	
Budget sufficient		5	
Degree of cooperating actively in international network	High	10	
	-Medium	11	
	-Low	2	

National and European conferences and seminars

22 countries had organised national conferences or seminars on injury prevention and 13 countries had also organised European conferences or seminars. A reason given for not organising these events was that it was not a national priority. One country[77] organised conferences in which injury prevention was one of a number of topics on the agenda. The range of these events was very diverse, varying from child safety to road safety, and to the prevention of interpersonal violence.

[77] RO

The Council Recommendation was reported as having played a role in 13 responding countries because it had stimulated international exchange of knowledge on policy and good practice and had stimulated capacity building. Also, due to the Recommendation, it was reported from some countries that financial support was available to organise seminars or conferences. Some countries had conferences organised by various institutes on a regular basis, not depending on the Recommendation. Two countries[78] did not know whether the Recommendation had played a role.

Additional remarks made by resource persons

Some additional remarks on this questionnaire on national policy by the resource persons were:

- The classification of intentional and unintentional injuries does not have the same roots as the classification of priority areas. These two classifications should be addressed separately and mixing can cause confusion because of different environments, strategies and actors. When countries follow another classification system there may be ambiguity in the answers to the questionnaire.
- Different types of violence are linked in many ways and often share common risk factors. Research and prevention activities for these various types of violence have often been developed in isolation from each other.
- According to one resource person the violence prevention area is not well developed in the Recommendation. More attention is needed for a comprehensive approach as demonstrated in the WHO world report on violence and health in 2002.
- Due to the federal structure in one country, giving a complete overview of policies and measures in the field of injury prevention was not possible. Most of the implementation is delegated to the regional level.

3.6. Survey EU added value

The questionnaire aimed to develop insight into the perceived added value on policy development in injury prevention and safety promotion at the EU level of the Council Recommendation. It was addressed to different directorates general of the European commission, EU agencies and other organisations such as NGOs, European stakeholders and international bodies; it was divided into six different areas:

1. Sharing of injury data within the EU community
2. Sharing of good practices within the EU community
3. Professionals and injury prevention knowledge
4. European Commission priority areas for injury prevention
5. 2007 Council Recommendations for injury prevention and safety promotion

[78] FI,NL

6. Injury prevention awareness.

These areas are described separately using tables where appropriate.
Eight resource persons completed the questionnaire, six in total declined to take part because they felt that they did not have the knowledge or information, one respondent failed to keep the arranged interview. Two resource persons were both involved in the IDB programme: in PHASE[79] which resulted in the inclusion of injury data in the European Health Indicators and in JAMIE[80] (Joint action for monitoring injuries in Europe).

All but one respondent spoke on behalf of their organisation; in some cases also answered on behalf of their country. One respondent indicated that the answers were personal responses, and not on behalf of the employer.

Sharing of injury data

Table 3.22: Sharing of injury data

(n=8)	Sharing of injury data	Involvement in binding arrangements	Involvement in EU initiatives aimed at improving data collection
Yes	7	5	6
No	1	2	1
Don't Know	0	1	0
N/A	0	0	1

Seven of the resource persons interviewed confirmed that they shared injury data with other stakeholders, European countries, commission services and the appropriate international bodies, five of which are involved in making binding arrangements. One respondent who replied 'no' to the three questions on data collection revealed that injury prevention has only just recently become an issue for their attention and has no specific funding allocated.

[79] PHASE - EU Project "Public Health Action on Safety in Europe"
[80] JAMIE - EU Joint action for monitoring injuries in Europe, see Ch 4.2

Table 3.23 shows that the data is disseminated via a number of different ways many of which involve one to one and group discussions.

Table 3.23: How data are shared

Data sharing routes (n=7)	Number of Commission DG	EU Agencies
Database	3	4
Events	3	4
Working groups	3	4
Conference	3	4
Newsletter	3	4
Reports	3	4
Projects/ good practice	3	4

Improving injury data

It was reported that there had been a move from the more traditional collection of home and leisure injury data to the collection of injury data from home, school, sport and leisure activities, self-harm and interpersonal violence. This helped to avoid duplication. It also provides information about settings, activities and products involved in injuries, for specifying and monitoring targeted injury prevention actions and programmes.

There were mixed messages relating to the improvement of road safety data. It was reported that there was a continuous improvement of the database and new initiatives to improve information on both non-fatal and fatal injuries in relation to road safety data. However, there were also reports that the data collection for road safety needed improving. It was felt that it currently focuses on death and thus it is impossible to compare data from country to country because of the different data systems. Stakeholders still advocate, at the Commission, for improvements. Workplace representatives also reported that there was continuing development of the information system on workplace safety between DG, EMPL, and Eurostat.

Table 3.24: Improvement of data collection initiated by the EC

Improvement of data collection initiated by the EC By priority area (n=7)	Joint Action	EU Project	Specific Contract
Children & adolescents	3	3	3
Elderly citizens	3	3	3
Vulnerable road users	4	3	3
Sport injuries	4	3	3
Products & services	3	3	3
Prevention of self-harm	3	3	3
Interpersonal violence	3	3	3
Workplace injuries	3	3	3

Informed development

The resource persons reported that the increased availability of data has contributed to improved targeting and policy decisions, development of good practice guidelines, recommendations and factsheets. 15 countries were collecting IDB data from hospitals with detail on causes of intentional and unintentional injuries, the activity at the time

of the injury, the location where it occurred and what, if any, product was involved. This is helpful in developing specific targets. The JAMIE project, co-funded by the EU-Health Programme, will contribute to the realisation of this ambition by initiating a series of actions over the coming three years (mid 2011 - mid 2014) that lay the ground for a genuine EU-wide injury information system – more information can be found in section 3.4.

Table 3.25: How has the availability of EU wide data informed development?

How has the availability of EU-wide data informed development? (n=7)	Number of resource persons
Development of guidelines	5
Development of recommendations	4
Improved policy decisions	6
Improved targeting	4
Legislation	4
Safety promotion campaigns	5

However, when asked the question on how they would rate the overall quality of the availability of EU-wide data, it can be seen from table 3.26 that the rating varied from poor to very good. The interviewed officials clearly differed in their assessments.

Table 3.26: Quality of data

Quality of data 1= very poor - 5= very good (n=6)	1	2	3	4	5	mean
How would you rate the quality of the availability of EU-wide data?	**0**	1	2	2	1	3.5

Sharing of good practices within the EU community

Dissemination of good practices

Seven of the resource persons interviewed confirmed that they shared good practices with other stakeholders, European countries, Commission services and the appropriate international bodies. Table 3.27 below demonstrates that dissemination occurs in a number of different ways. The areas least covered are the prevention of self-harm and sports injuries. One DG reported that injury prevention was not a priority or in their current work plan.

Table 3.27: Dissemination of good practices

***Dissemination of good practice* routes (n=7)**	Number of Commission DG	EU Agencies
Database	3	4
Events	3	4
Working groups	3	4
Conference	3	4
Newsletter	3	4
Reports	3	4
Projects/ good practice	3	4

EuroSafe states that its main duty and mission is to highlight good practice and to disseminate information, acting as an umbrella organisation for all other European safety organisations. In this way, Member States are encouraged to share information within the group; without this stimulus, the opportunity for sharing would be lower and, if their fear is that if EU funding ceased, this valuable work would be lost.

Has the sharing of good practice on injury prevention improved?

Five out of the seven resource persons who answered the question, expressed that the sharing of good practice had improved across the recommended areas relevant to their organisation, while one reported that no improvements occurred because workplace injuries had not been included in the priority area. Positive remarks included:

- Defining the eight areas had simplified the work and made it easier to talk about injury prevention.
- Sharing of good practice helps to increase knowledge.
- The Council Recommendation developed action plans for injury prevention and safety promotion.
- It put road safety on the agenda – countries are now encouraged to write road transport plans.
- Sharing information and cross referenced good practice avoids starting from scratch.
- Improved opportunity to use evidenced based practice.

Representation at events and meetings

Attendance at conferences was reported to be difficult due to funding constraints; yet all resource persons reported having attended meetings or workshops relevant to their area. Reference was made to a government group that had been set up to look at joint working in relation to injuries prevention across the Departments General, but this had been disbanded. It was felt that this was due to injury prevention not being given priority, particularly in the medical sector.

Table 3.28: Representation at meetings and events

Representation at meetings and events	Number of resource persons (n=8)
EU meetings	4
Working groups	3
2010 World Conference	3
European Conference – Budapest	4
Other	6

The impact of sharing good practice

Four out of the eight resource persons reported that the improved sharing of good practice had the highest impact on policy decisions. Strategic developments have improved increasing the quality of the initiatives delivered and improving joint cooperation. Policy decisions are supported by evidence-based practice. One country[81] reported that although they are at an advanced stage of getting injury policy and programmes in place, the Council Recommendation was helpful to sustain the work towards injury prevention.

Professionals and Injury Prevention

Health professional training

Table 3.29 below highlights that the Council Recommendation did not have the desired impact in integrating injury prevention into the training of health professionals at EU level. There were some reports of increased awareness of the need for injury prevention activity but they were already in place before the publication of the Recommendation. The WHO TEACH VIP training resource[82] was said not to be being used to its full advantage; and it was mentioned that medical professionals do not give priority to injury prevention.

Table 3.29: Training

(n=6)	Has injury prevention become included in training for health professionals?	Is injury prevention a compulsory subject for other professionals?	Increase in injury prevention in the school curriculum ?
Yes	1	2	2
No	2	1	1
Don't know	3	3	3

Note that not all resource persons felt able to answer this question.

[81] NL

[82] Through the progress report work undertaken by WHO and funded by the Commission, new TEACH modules were created: a module on surveillance consisting of one new lecture adapted to the European context, which is used during capacity building events held in EU countries and an advanced module on national policy development consisting of three lectures. These modules were included in the new course, available since June 2012.

Training and delivery in schools

Of the three resource persons who were able to answer this question, two reported that injury prevention was compulsory in primary and secondary schools, but only in relation to road safety - it appears to be difficult to get anything else into the curriculum. With regard to road safety, schools are working together on transport plans, safe routes to schools and speed limits around the school area. Lobbying is taking place for a European project on risk-taking to be included in the school curriculum. If successful, this will include risk competence training. The concept and information was strong enough to get governmental approval but no implementation has taken place to date.

European Commission priority areas for injury prevention

This section addresses the facilitating of activities within the eight priority areas and the awareness of other EU policies or activities, and related funding.

Actions facilitated and support given

Table 3.30 shows that activities are being facilitated across all areas. Road safety is receiving the most support with involvement in the PRAISE project[83]. This report was reported to be through:

- International conferences,
- Production of studies, guidelines and good practice,
- Experts for consultation,
- Contribution to projects – PRAISE, TACTICS[84],
- Proposal of co-funded projects to be initiated by the EU Commission.

Funding for local projects was reported to be available for children and adolescents, prevention of self-harm – DAPHNE and vulnerable road users. This highlights concerns on the other areas that have not been covered. Only two out of the eight resource persons are involved in EU networks.

[83] PRAISE: EU project on Preventing Road Accidents and Injuries for the Safety of Employees (http://www.etsc.eu/PRAISE.phpw)
[84] TACTICS: EU project on childhood safety (http://www.childsafetyeurope.org/tactics/project-partners.html)

Table 3.30: European Commission priority areas for injury prevention

Awareness of EU policies or activities

Seven of the interviewed resource persons confirmed that they are aware of other EU policies or activities aimed at understanding the challenges of reducing injuries. There was awareness that DG Sanco, DG Move, DG Education and Culture, DG Employment, DG Justice and DG Research were all involved in EU policies relating to injury prevention. The following activities were specifically mentioned:

- The health programme of DG Sanco helped improving communication concerning injury prevention among DGs
- The exchange of knowledge and experience among DG Move and DG Employ.

- **Priority areas** - (n=7)	**Actions facilitated in any of the eight areas**	**Awareness of other EU policies or activities aimed at understanding the challenges of reducing injuries**	**EU funding for locally delivered projects**	**Areas of involvement in EU networks**
Children & adolescents	3	3	3	3
Elderly citizens	4	3	1	3
Vulnerable road users	5	4	4	3
Sport injuries	4	2		3
Products & services	3	4		3
Self-harm	3	2		3
Interpersonal violence	3	2	1	3
Workplace injuries	4	2		3

Council Recommendation for injury prevention and safety promotion

Table 3.31: Actions as a result of the Council Recommendation

n=8	Has the Council Recommendation been referenced in any documents?	Opening of new training opportunities	Awareness of injury prevention work across disciplines or departments
Yes	4	1	7
No	1	5	1
Don't know	3	1	
N/A		1	

Reference to the Council Recommendation in documents

Three resource persons reported that reference to the Council Recommendation had been made: developing national policy for injury prevention[85] (cited by two respondents), at conferences and in Eurosafe news[86] and in the annual workplace health programmes.

New training opportunities

Only one respondent felt that the Recommendation had resulted in new training opportunities for experts, through the sharing of information and networking - again the VIP training was cited as being a missed opportunity to train the public health workforce.

Joint commitment across departments at EU level

One respondent felt that although this is a very challenging area, there was room for improvement in interdepartmental co-operation between Commission services. Overall the feeling was that the Council Recommendation had contributed to some improvements to joint commitment across departments at EU level to tackle the causes of injuries, but this only related to those working in the field of road safety and workplace safety. Road safety representatives reported that the different DGs are cooperating with each other with an exchange of knowledge and experience. Workplace safety representatives reported that there had been improvements in communications between the different departments.

[85] http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwAssets/C5674B101FF45387C12576E4003C2E1E/$file/Policy%20briefing%202%20injury%20prevention.pdf

[86] http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwAssets/5E205E34C180AB9BC12576C800290C8C/$file/Alert%20Vol.%202,%20issue%203%20Oct%202007.pdf

Awareness of injury prevention work across disciplines or departments

Again the overall feeling was that the Council Recommendation had resulted in some increase in the awareness of injury prevention work across the different disciplines and departments, particularly within the different Member States. Awareness has markedly improved in one country[87], with the Minister of Health taking action to administer and co-ordinate activity, and to produce a draft action plan.

Table 3.32: Understanding of impact

Understanding of impact 1= very poor - 5= very good (n=8)	1	2	3	4	5	mean
How important do you feel that the EU co-ordination and communication of injury data has been in understanding the impact of injuries on society?	1	2	2	3		2.9
How important do you feel that the EU co-ordination and communication of injury data in understanding the impact of injuries on the economy?	1	5	1		1	2.4

Country perspectives on EU added value

Methodology

The APIPS questionnaire on the perceived added value of the 2007 Council Recommendation on injury prevention and safety promotion was sent out to 30 country respondents and to EU level respondents (without the question on sharing of good practice). This question was deleted so as to reduce the burden on potential respondents, most of whom had already completed previous APIPS questionnaires.

Five countries responded to the interview request, plus one general response on the country's current situation on injury prevention and safety promotion. This general response was too incomplete to be included in the data tables. Four country representatives did not have time before the completion of the report to take part to the questionnaire. Three country representatives declined the invitation –one due to lack of time and two because they already completed previous questionnaires. Regarding this additional questionnaire, two-thirds of recipients have not given any reply to the invite to take part to the EU added value questionnaire that was sent after the other APIPS questionnaires.

Table 3.33: Sharing of injury data

(n=5)	Sharing of injury data	Involvement in binding arrangements	Involvement in EU initiatives aimed at improving data collection
Yes	5	2	4
No	0	2	0
Don't Know	0	0	0
N/A	0	0	0

Note that only one section was answered by all recipients

Recipients did not feel the need to answer all the questions, as they had already gone through some of the questions on the country questionnaires. Four recipients reported sharing their country's injury data via the World Health Organisation through

[87] AT

initiatives such as the Children's Environment and Health Action Plan for Europe (CEHAPE). Two participants said they share information through the national institutes[88] . The main ways of data sharing were the EU injury database (IDB) and other EU-funded projects such as APOLLO (Strategies and Best Practices for the Reduction of Injuries), PHASE, JAMIE and TACTICS, AdRisk and international conferences and seminars. Data has also been shared with international stakeholders such as Commission Services and ANEC.

All five countries reported that participation in these EU-funded projects favoured their improvements in data collection and sharing. Table 3.34 shows the priority areas covered by the two country's initiatives and the cause of this coverage. In this instance EU projects were the only cause.

[88] National competent institute for injury data collection: the Consumer Safety Institute.
WHO Eurostat/ Bulgarian National statistic Institute, Bulgarian National Centre of Public Health and Analysis

Table 3.34: Improvement of data collection initiated by the EU

Improvement of data collection initiated by the EU - By priority area	EU Project
Children & adolescents	4
Elderly citizens	3
Vulnerable road users	4
Sport injuries	3
Products & services	3
Prevention of self-harm	4
Interpersonal violence	4
Workplace injuries	3

Note that this question was not answered by all recipients

Two countries developed technical guidelines for data collection and all recipients reported that information from other countries had helped to benchmark policy, improve policy decisions and targeting and assisted in the development of better standards for implementing the General products safety directive. This inspired stakeholders to continue working on injury data collection in hospital emergency departments.

Only two countries reported that safety promotion is included in the curriculum of the training of practice nurses and other professionals within the health service. One country had developed a web-based injury prevention and safety promotion education package for polytechnic students. Training, mainly in relation to the safety of the elderly and home safety, is also organised in cooperation with other professionals and non-government officers. It was also reported that injury prevention is in the current school curriculum and will be strengthened in new recommendations being put in place by 2016.

It was felt that reasonable progress has been made at EU level but there is still room for improving the overall quality and availability of EU data. It was felt that the there was no deeper understanding of the impact of injuries on the economy however there was increase in the amount of EU data. Most of the prevention work is done as part of the normal work programme but it was reported that there has been some increase in funding.

Table 3.35 Data quality EU injury data

1= very poor - 5= very good (n=3)	1	2	3	4	5
How would you rate the quality, overall of the available EU wide injury data?			1		
How important do you feel that the EU co-ordination and communication of injury data in understanding the impact of injuries on the economy?			1	1	
How important do you feel that the EU co-ordination and communication of injury data in understanding the impact of injuries on the economy?					1

Note that this question was not answered by all respondents

There was an overall awareness of EU polices with three countries reporting changes in injury prevention awareness across all the priority areas and that there is safety programmes in the majority of these areas. Two respondents reported being involved in nationally organised network groups and that the 2007 Council Recommendation for injury prevention and safety promotion has been referenced in national programmes.

3.7 SUMMARY TABLE OVERVIEW

Injury Surveillance	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czech Republic	Denmark	Estonia	Finland	Germany	Greece	Hungary	Iceland	Ireland	Italy	Latvia	Lithuania	Luxembourg	Malta	Montenegro	Netherlands	Norway	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	FYROM	United Kingdom

= Yes	× = No	- = Not available	No response

Injury Surveillance: Injury data report	AT	BE	BG	HR	CY	CZ	DK	FI	DE	EL	HU	IS	IE	IT	LV	LT	LU	MT	ME	NL	NO	PL	PT	RO	SK	SI	ES	SE	MK	UK
Data report available		×												×			×										×			×
Comprehensive data report available	×	×		×				×				×		×		-	-								×	×	×	-			×
Figures children and adolescents in report		-		×										-	×	-	-					×					-			-
Figures elderly citizens in report		-	×	×		×								-	×	-	-					×		×	×		-			-
Figures vulnerable road users in report	×	-												-		-	-					×					-			-
Figures sport injuries in report		-		×		×			×		×			-	×	-	-		×			×		×	×	×	-		×	-
Figures products and services in report		-		×		×		×				×	×	-	×	-	-		×	×	×	×		×	×	×	-		×	-
Figures self harm in report	×	-					×					×	×	-	×	-	-					×	×	×			-			-
Figures interpersonal violence in report	×	-					×				×	×		-		-	-					×	×		×		-			-
Figures workplace in report		-												-		-	-								×		-			-
Other figures in report	×	-	×	×	×	×	×		×		×		×	-	×	-	-		×	×	×		×	×		×	-	×	×	-

Injury Surveillance: Injury data source	AT	BE	BG	HR	CY	CZ	DK	FI	DE	EL	HU	IS	IE	IT	LV	LT	LU	MT	ME	NL	NO	PL	PT	RO	SK	SI	ES	SE	MK	UK
Data source fatalities		-												-		-	-										-			-
Data source hospital admissions		-					×					×		-		-	-										-			-
Data source hospital outpatients (ED)		-		×							×	×		-		-	-							×			-			-
Data source other	×	-	×		×	×	×		×				×	-		-	-		×			×	×				-	×	×	-
Injury Surveillance: Injury data collection system																														
Data collection system based on health sector		×									×		×	×			×							×	×					
Sustainable data collection	×	×	×								×		×	×			×					×		×	×					
Data children and adolescents in system	-	-	-								-		-	-			-					-		-	-					×
Data elderly citizens in system	-	-	-			×					-		-	-			-					-		-	-					×
Data vulnerable road users in system	-	-	-								-		-	-			-					-		-	-					
Data sport injuries in system	-	-	-	×		×	×		×		-		-	-			-					-		-	-	×				×
Data products and services in system	-	-	-	×		×	×				-		-	-			-				×	-	×	-	-		×			×
Data self harm in system	-	-	-				×				-	×	-	-			-					-	×	-	-					×
Data interpersonal violence in system	-	-	-								-	×	-	-			-					-	×	-	-					
Data workplace in system	-	-	-	×	×	×	×	×			-	×	-	-	×	×	-		×		×	-	×	-	-		×	×	×	×
Other data in system	-	-	-	×	×	×	×		×		-		-	-		×	-		×			-	×	-	-	×	×	×	×	
Plan to set up a sustainable system				-	-	-	-	-	-			-			-	-			-	-	-		-	×		-	-	-	-	-
Data children and adolescents in future system		×		-	-	-	-	-	-			-		×	-	-			-	-	-		-	-	×	-	-	-	-	-
Data elderly citizens in future system		×	×	-	-	-	-	-	-			-		×	-	-			-	-	-		-	-	×	-	-	-	-	-
Data vulnerable road users in future system		×		-	-	-	-	-	-			-		×	-	-			-	-	-		-	-		-	-	-	-	-
Data sport injuries in future system		×	×	-	-	-	-	-	-			-		×	-	-			-	-	-		-	-		-	-	-	-	-

Injury Surveillance: Injury data collection system	AT	BE	BG	HR	CY	CZ	DK	FI	DE	EL	HU	IS	IE	IT	LV	LT	LU	MT	ME	NL	NO	PL	PT	RO	SK	SI	ES	SE	MK	UK
Data products and services in future system				-	-	-	-	-	-			-		×	-	-			-	-	-		-	-		-	-	-	-	-
Data self harm in future system		×		-	-	-	-	-	-		×	-		×	-	-			-	-	-	×	-	-		-	-	-	-	-
Data interpersonal violence in future system		×		-	-	-	-	-	-		×	-		×	-	-			-	-	-	×	-	-		-	-	-	-	-
Data workplace in future system		×		-	-	-	-	-	-			-		×	-	-			-	-	-		-	-	×	-	-	-	-	-
Other data in future system	×	×		-	-	-	-	-	-		×	-	×		-	-	×		-	-	-	×	-	-		-	-	-	-	-
Injury Surveillance: Role of CR																														
CR plays a role in the current system		×						×				×	×								×	×		×			×			×
Intensified use of existing data due to CR		×			×		×	×				×	×			×	×				×	×		×			×	×		×
Improvements of sources and classifications due to CR		×			×		×	×				×	×							×	×	×		×			×	×		×
National Policy Develop: Interdepartmental coordination group (ICG)																														
ICG available				×			×		×		×	×		×	×	×	×			×				×	×	×	×			
High degree cooperating international network ICG	×	×	×	-		×	-	×	-		-	-		-	-	-	-			-	×		×	-	-	-	-			
Enough budget available for ICG	×	×	×	-	×	×	-	×	-		-	-		-	-	-	-		×	-	×		×	-	-	-	-		×	
CR plays a role in the establishment of the ICG							×	×	-					×	×	×				×	×				×	×	×			

National Policy Development: National focal point for injury prevention and safety promotion	AT	BE	BG	HR	CY	CZ	DK	FI	DE	EL	HU	IS	IE	IT	LV	LT	LU	MT	ME	NL	NO	PL	PT	RO	SK	SI	ES	SE	MK	UK
National focal point(s) available																	×													
Budget available for national focal point		×	×	×	×		×		×		×	×		×	×	×	-		×		×		×	×	×		×		×	
Sufficient budget		×	×	×	×	×	×		×		×	×		×	×	×	-		×				×		×	×	×		×	
High degree of cooperating in international network			×			×	×	×	×			×		×	×	×	-			×						×	×	×			
CR plays a role in the establishment of the focal point	×							×	×		×	×		×						×	×			×	×		×			
National Policy Development: Policies and policy documents																														
Policy documents on overall coordination	×		×	×			×									×										×				
CR plays a role in availability policy documents overall coordination	×	×		×	×		×	×	×			×									×					×	×			
Policy documents children and adolescents		×															×				×									
Policy documents elderly citizens	×	×	×		×	×					×			×	×		×			×						×	×		×	
Policy documents vulnerable road users		×												×															×	
Policy documents sport injuries	×	×		×	×	×	×		×		×			×	×		×				×				×	×	×		×	
Policy documents products and services		×		×	×				×		×			×	×		×			×					×		×		×	

National Policy Development: Policies and policy documents	**AT**	**BE**	**BG**	**HR**	**CY**	**CZ**	**DK**	**FI**	**DE**	**EL**	**HU**	**IS**	**IE**	**IT**	**LV**	**LT**	**LU**	**MT**	**ME**	**NL**	**NO**	**PL**	**PT**	**RO**	**SK**	**SI**	**ES**	**SE**	**MK**	**UK**
Policy documents self harm	×	×			×	×			×					×	×		×						×		×				×	
Policy documents interpersonal violence											×				×		×						×		×					
Policy documents workplace		×															×								×					
Policy documents other	×	×	×	×	×		×		×		×	×		×	×	×	×		×	×			×	×	×		×		×	
CR plays a role in the availability of policy documents in priority areas							×	×			×	×								×	×			×	×	×	×			
Policies on gender		×		×	×	×	×		×		×			×		×	×				×				×	×				
Policies on vulnerable group		×			×												×													
CR plays a role in realizing policies on gender and vulnerable groups	×	×			×		×	×				×		×						×	×			×	×	×	×			
National Policy Development: Evidence based programmes																														
Available for children and adolescents		×			×										×										×					
Available for elderly citizens		×	×		×										×									×			×		×	
Available for vulnerable road users		×			×																			×						
Available for sport injuries		×		×	×		×		×		×			×	×										×	×	×		×	
Available for injuries due to products and services		×		×	×		×		×		×			×	×					×				×	×		×		×	

National Policy Development: Evidence based programmes	AT	BE	BG	HR	CY	CZ	DK	FI	DE	EL	HU	IS	IE	IT	LV	LT	LU	MT	ME	NL	NO	PL	PT	RO	SK	SI	ES	SE	MK	UK
Available for self-harm		×			×		×		×					×	×					×				×	×		×		×	
Available for interpersonal violence		×			×						×				×										×	×				
Available for workplace injuries		×			×		×								×										×					
Available for other areas	×	×		×	×		×		×		×	×		×	×	×	×			×	×		×	×	×	×	×		×	
CR plays a role in the availability of these programmes	×	×					×	×	×			×		×	×					×	×			×	×	×	×			
Use for children and adolescents		×			×																			×	×					
Use for elderly citizens		×	×		×										×									×			×		×	
Use for vulnerable road users		×			×																			×						
Use for sport injuries	×	×		×	×		×		×		×			×	×									×	×	×	×		×	
Use for injuries due to products and services	×	×		×	×		×		×		×			×	×					×				×	×		×		×	
Use for self harm	×	×			×		×		×					×	×					×			×	×	×		×		×	
Use for interpersonal violence		×			×						×				×								×	×	×	×				
Use for workplace injuries		×			×		×		×						×									×	×					
Use for other areas	×	×	×	×	×		×		×		×	×		×	×	×				×	×			×	×	×	×		×	
CR plays a role in the use of the programmes	×	×					×	×	×			×		×	×					×	×				×	×	×			
National Policy Development: Injury surveillance																														
Available		×									×					×	×										×			
Influences policies prevention of injury and promotion of safety		×			×						-					-	-								×		-			

CR plays a role of these influences		×					×	×			×	×				-	-			×	×				×		-			
National Policy Development: Policy implementation progress	**AT**	**BE**	**BG**	**HR**	**CY**	**CZ**	**DK**	**FI**	**DE**	**EL**	**HU**	**IS**	**IE**	**IT**	**LV**	**LT**	**LU**	**MT**	**ME**	**NL**	**NO**	**PL**	**PT**	**RO**	**SK**	**SI**	**ES**	**SE**	**MK**	**UK**
Monitoring progress of implementation policy	×	×					×		×								×								×					
CR plays a role in the monitoring of implementation of policy		×					×	×	×			×								×	×				×		×			
National Policy Development: Funding opportunities																														
Increased for injury surveillance	×	×			×		×		×			×		×	×					×				×	×		×			
Increased for development of programmes	×	×			×		×					×		×	×	×				×	×			×	×	×				
Increased for research on effectiveness of programmes	×	×	×	×	×		×		×		×	×		×	×	×				×	×			×	×	×	×			
Increased for implementation of evidence based programmes	×	×		×	×		×				×	×			×					×	×			×	×	×	×			
Increased for implementation of policies	×	×			×		×	×	×		×	×			×	×				×	×			×	×	×				
Increased for coordination	×	×		×	×		×	×			×	×			×	×				×			×	×	×	×	×			
Increased for others	×	×	×	×	×	×	×	×	×		×	×		×	×		×		×	×	×		×	×	×	×	×		×	
CR plays a role in increasing funding opportunities	×	×		×			×	×				×		×	×					×	×			×	×		×			

National Policy Development: Vocational training programmes	**AT**	**BE**	**BG**	**HR**	**CY**	**CZ**	**DK**	**FI**	**DE**	**EL**	**HU**	**IS**	**IE**	**IT**	**LV**	**LT**	**LU**	**MT**	**ME**	**NL**	**NO**	**PL**	**PT**	**RO**	**SK**	**SI**	**ES**	**SE**	**MK**	**UK**
Available for health sector	×																							×						
Available for other sectors	×	×	×	×			×		×		×			×										×						
CR plays a role in the introduction of the programmes	×						×	×			×	×		×						×	×				×	×	×			
National Policy Development: Policy initiatives to integrate injury prevention and safety promotion in school curricula																														
Into primary schools	×	×												×			×			×						×				
Into secondary schools	×	×				×					×	×								×						×				
CR plays a role in the integration into school curricula	×	×					×	×	×			×		×						×	×			×	×	×	×			
National Policy Development: Conferences and seminars																														
National conferences and seminars		×																						×						
European conferences and seminars	×	×		×										×		×	×						×	×	×	×				
CR plays a role in setting them up	×	×					×	×				×		×						×	×			×	×		×			

Good practice implementation: Good practice guidelines	AT	BE	BG	HR	CY	CZ	DK	FI	DE	EL	HU	IS	IE	IT	LV	LT	LU	MT	ME	NL	NO	PL	PT	RO	SK	SI	ES	SE	MK	UK
Developed for children and adolescents		×																×							×					
Developed for elderly citizens	×	×	×												×	×		×												
Developed for vulnerable road users		×										×		×				×				×								
Developed for sport injuries	×	×		×	×	×					×			×	×			×				×			×			×	×	
Developed for injuries due to products and services		×		×								×			×			×				×			×				×	
Developed for self harm		×			×	×	×		×			×	×	×	×			×				×	×							
Developed for interpersonal violence							×							×				×				×	×							
Developed for workplace injuries		×																×				×								
Developed for other areas	×	×			×		×		×		×	×		×	×	×		×	×	×	×	×	×		×		×		×	×
CR plays a role in developing good practice guidelines							×					×									×				×	×	×			
Good practice implementation: Safety targets																														
Defined for children and adolescents	×	×			×		×									×		×										×		
Defined for elderly citizens	×	×	×		×		×						×		×	×		×								×		×		
Defined for vulnerable road users		×			×		×							×				×		×		×								
Defined for sport injuries	×	×		×	×	×	×						×	×	×	×		×				×	×		×	×		×	×	×
Defined for injuries due to products and services	×	×		×	×		×					×	×	×	×	×		×				×			×	×			×	×
European conferences and seminars	×	×		×										×		×	×						×	×	×	×				
CR plays a role in setting them up	×	×					×	×				×		×						×	×			×	×	×		×		

Good practice implementation: Good practice guidelines	**AT**	**BE**	**BG**	**HR**	**CY**	**CZ**	**DK**	**FI**	**DE**	**EL**	**HU**	**IS**	**IE**	**IT**	**LV**	**LT**	**LU**	**MT**	**ME**	**NL**	**NO**	**PL**	**PT**	**RO**	**SK**	**SI**	**ES**	**SE**	**MK**	**UK**
Developed for children and adolescents		×																×							×					
Developed for elderly citizens	×	×	×												×	×		×												
Developed for vulnerable road users		×										×		×				×				×								
Developed for sport injuries	×	×		×	×	×					×			×	×			×				×			×			×	×	
Developed for injuries due to products and services		×		×								×			×			×				×			×				×	
Developed for self harm		×			×	×	×		×			×	×	×	×			×				×	×							
Developed for interpersonal violence							×							×				×				×	×							
Developed for workplace injuries		×																×				×								
Developed for other areas	×	×			×		×		×		×	×		×	×	×		×	×	×	×	×	×		×		×		×	×
CR plays a role in developing good practice guidelines							×					×									×				×	×	×			
Good practice implementation: Safety targets																														
Defined for children and adolescents	×	×			×		×									×		×										×		
Defined for elderly	×	×	×		×		×						×		×	×		×								×		×		

	AT	BE	BG	HR	CY	CZ	DK	FI	DE	EL	HU	IS	IE	IT	LV	LT	LU	MT	ME	NL	NO	PL	PT	RO	SK	SI	ES	SE	MK	UK
citizens																														
Defined for vulnerable road users		×			×		×							×				×		×		×								
Defined for sport injuries	×	×		×	×	×	×						×	×	×	×		×				×	×		×	×		×	×	×
Defined for injuries due to products and services	×	×		×	×		×					×	×	×	×	×		×				×			×	×			×	×
Good practice implementation: Safety targets	**AT**	**BE**	**BG**	**HR**	**CY**	**CZ**	**DK**	**FI**	**DE**	**EL**	**HU**	**IS**	**IE**	**IT**	**LV**	**LT**	**LU**	**MT**	**ME**	**NL**	**NO**	**PL**	**PT**	**RO**	**SK**	**SI**	**ES**	**SE**	**MK**	**UK**
Defined for self harm	×	×			×	×	×		×			×		×		×		×		×		×	×		×		×	×		
Defined for interpersonal violence	×				×		×		×			×		×	×	×		×				×	×		×	×				
Defined for workplace injuries	×	×			×											×		×				×			×			×		×
Defined for other areas	×	×			×		×		×		×	×	×	×	×	×		×		×	×	×	×			×	×		×	×
CR plays a role in developing safety targets	×				×		×					×		×						×	×				×		×			
Good practice implementation: Sustainable good practice and campaigns																														
Development of sustainable good practice		×																×				×								
CR plays a role in developing sustainable good practice					×		×		×			×	×							×	×				×	×	×			

Implementation of sustainable good practice		×					×											×				×			×				
CR plays a role in the implementation of sustainable good practice		×			×		×		×			×	×	×						×	×	√			×	×	×		
Campaigns on important aspects of safety														×				×											
CR plays a role in executing these campaigns	×	×					×		×		×	×	×	×						×	×	×			×	×	×		

Good practice implementation: Cost effective programmes	AT	BE	BG	HR	CY	CZ	DK	FI	DE	EL	HU	IS	IE	IT	LV	LT	LU	MT	ME	NL	NO	PL	PT	RO	SK	SI	ES	SE	MK	UK
Implemented for children and adolescents	×	-	×	×			×				-		×	×	×											×	-			
Implemented for elderly citizens	×	-	×	×			×				-	×	×		×						×					×	-			
Implemented for vulnerable road users	×	-	×	×			×				-										×					×	-			
Implemented for sport injuries	×	-	×	×		×	×				-	×	×		×						×		×			×	-	×	×	
Implemented for injuries due to products and services	×	-	×	×		×	×				-		×	×	×					×	×					×	-		×	
Implemented for self harm	×	-		×			×				-	×		×	×					×	×		×			×	-	×		
Implemented for interpersonal violence	×	-	×	×			×				-	×	×	×	×					×	×		×			×	-	×		
Implemented for workplace injuries	×	-	×	×			×				-			×	×					×	×					×	-	×		
Implemented for other	×	-	×	×			×	×			-		×	×	×	×			×	×	×		×	×		×	-	×	×	
CR plays a role in implementing cost effective programmes	-	-	-	-		-	×	-			-	-	-	-	-	-			-	×	×			-		×	-	-	-	

Other: Injury data report inclusion of domains	**AT**	**BE**	**BG**	**HR**	**CY**	**CZ**	**DK**	**FI**	**DE**	**EL**	**HU**	**IS**	**IE**	**IT**	**LV**	**LT**	**LU**	**MT**	**ME**	**NL**	**NO**	**PL**	**PT**	**RO**	**SK**	**SI**	**ES**	**SE**	**MK**	**UK**
Road traffic		-												-		-	-										-			-
Work place		-												-		-	-								×		-			-
Schools		-	×	×			×							-	×	-	-							×		×	-			-
Sports		-		×		×					×			-	×	-	-					×		×	×	×	-		×	-
Home and leisure		-	×	×		×								-		-	-					×		×		×	-		×	-
Homicide and assaults	×	-		×		×	×				×	×		-		-	-					×		×	×		-			-
Suicide and self-harm	×	-					×						×	-	×	-	-					×	×	×			-			-
Other domains	×	-	×	×	×		×		×		×	×	×	-	×	-	-		×	×	×	×	×	×	×	×	-	×	×	-
Other: Guarantee period data collection system	**AT**	**BE**	**BG**	**HR**	**CY**	**CZ**	**DK**	**FI**	**DE**	**EL**	**HU**	**IS**	**IE**	**IT**	**LV**	**LT**	**LU**	**MT**	**ME**	**NL**	**NO**	**PL**	**PT**	**RO**	**SK**	**SI**	**ES**	**SE**	**MK**	**UK**
2 years or more	-	-	-	×					×		-		-	-			-		×			-	×	-	-					×
1-2 years	-	-	-	×	×	×	×	×			-	×	-	-	×	×	-			×	×	-	×	-	-	×	×	×	×	×
1 year	-	-	-		×	×	×	×	×		-	×	-	-	×	×	-		×	×	×	-		-	-	×	×	×	×	×
Less than 1 year	-	-	-	×	×	×	×	×	×		-	×	-	-	×	×	-		×	×	×	-	×	-	-	×	×	×	×	×
No guaranties	-	-	-	×	×	×	×	×	×		-	×	-	-	×	×	-		×	×	×	-	×	-	-	×	×	×	×	
Other: Additional indicators for burden of injuries																														
Medical costs	×	×	×	×	×		×		×			×	×	×	×	×					×			×	×		×			×
Disabilities	×	×	×		×		×	×	×		×	×	×	×						×	×			×			×	×		×
Lost of productivity or absenteeism	×	×	×	×	×		×		×		×	×	×	×	×						×			×			×	×		
Other indicators	×	×	×	×	×	×	×		×		×	×	×	×	×	×	×		×		×	×	×	×	×	×	×		×	
Other: Frequency of meetings ICG																														
No or less than one per year	×	×	×	-	×	×	-	×	-		-	-		-	-	-	-		×	-	×		×	-	-	-	-		×	
1-2 x per year		×	×	-	×	×	-	×	-		-	-		-	-	-	-		×	-	×			-	-	-	-		×	
3-4 x per year	×		×	-			-	×	-		-	-		-	-	-	-		×	-	×		×	-	-	-	-		×	
More than 4x per year	×	×		-	×	×	-		-		-	-		-	-	-	-			-			×	-	-	-	-			
Other: National focal point																														
One	×	×	×		×				×		×					×	-				×				×	×	×		×	

More than 1				×		×	×	×				×		×	×		-		×	×				×	×					
Other: Vocational training programmes developed for																													
Policy makers	-	×	×	×	×		×		×		×	×		×	×	×	×			×	×			-	×		×		×	
Coordinators	-	×	×	×	×		×		×		×	×		×	×		×				×			-	×		×			
Students of public health schools, nursing or medicine	-	×	×						×		×			×							×			-		×				
Medical personnel	-	×		×					×		×			×			×				×			-						
Injury prevention practitioners	-	×		×	×		×		×		×			×	×						×			-	×					
Data collectors and researchers	-	×		×	×		×		×		×	×		×	×	×	×			×	×			-	×					
Others	-	×	×	×					×					×	×	×	×		×				×	-		×	×		×	

4. Desk research

4.1 Injuries and injury prevention in Europe

In Europe, injuries are the leading cause of death for children, adolescents and young adults. When all age groups are combined, injuries represent the third leading cause of death in the European region of the World Health Organization[89]. Currently, injuries in the European Union have left more than 3 million people in Europe permanently disabled.[90] [91] Moreover, unintentional injuries and violence are responsible for a loss of 14% of the healthy life years (Disability Adjusted Life Years) in the WHO European Region.[92] For both European individuals and societies within the EU-region this is threat to economic and social development. [93]

Intentional and unintentional injuries are preventable and should therefore be tackled; European policies in these areas could help diminish preventable injuries and accidents. Currently all countries have laws and regulations in place that address at least some of the issues associated with injuries, however, in many countries these initiatives, as well as the data surveillance, are fragmented and therefore are often inadequate.[94]

In order to improve injury prevention and to promote safety in Europe it is important to have insight on the prevalence of injuries and the extent to which data surveillance is available on this topic. The information is necessary to assess the risk groups and to choose the right measures to diminish risks on intentional and unintentional injuries.[95]

The prevalence of intentional and unintentional injuries within Europe, and its consequences are discussed in this chapter. Subsequently an overview of the current injury policies is given. Both these sections are based on literature, which also provides insights into the current situation based on five important reports. The presented rates and consequences highlight the importance of prevention of injuries and promotion of safety in Europe in relation to the Council Recommendations and will provide an overview of the progress on this topic after implementing the European Council Recommendation.

Prevention of injuries and promotion of safety in Europe

Prevalence of intentional and unintentional injuries across Europe

In the European Member States (EU27) there are annually around 250,000 fatal intentional and unintentional injuries; 60 million Europeans (around 12% of the population of these Member States[96]) per year visit a medical specialist after an

[89] D.Sethi, Towner E., Vincenten J.,Racioppi F. (2008), European report on child injury prevention, WHO, Copenhagen

[90] Eurostat. (2002) Prevalence of disability and long standing health problems (unintentional injuries only, populates aged 15-64_. Labour force Survey.

[91] Bauer R, Steiner M, Rogmans W and Kisser R (editorial board) (2009). Injuries in the European Union: Statistics Summary 2005-2007. Eurosafe, Kuratorium fur Verkehrssicherheit.

[92] Sethi D, Miltis F, Racioppi F. (2010) Preventing injuries in Europe: from international collaboration to local implementation. World Health Organization.

[93] The Council of the European Union. (2007)Council Recommendations. COUNCIL RECOMMENDATION of 31 May 2007 on the prevention of injury and the promotion of safety (Text with EEA relevance) (2007/C 164/01). Official Journal of the European Union.

[94]European Commission. (2011) Heidi Wiki. Health in Europe: Information and Data Interface. European Injury Database. https://webgate.ec.europa.eu/sanco/heidi/index.php/Heidi/Lifestyle/Injuries#Safety_of_elderly_citizens (accessed July 2012)

[95] Ibid.

[96] Ibid.

injury; about 42% citizens a year go to hospitals to receive medical treatment. Between and within member countries there are large differences in the occurrence of injuries, but a positive trend is seen: 20% observable reduction in standardised death rates for many causes. The exceptions are home and leisure accidents.[97]

Age-specific prevalence

European citizens of all ages are affected, but some groups are more at risk. Among children, adolescents and young adults injuries are the leading cause of death. More than 5,000 children each year die from injuries, which accounts for 32% of death among children between 1-14 years. Boys are at higher risk than girls, especially between the ages of 14 to 24.[98]

Although injuries are not the leading cause for death among elderly (> 60 years old), the share of older people involved in fatal injuries in the EU has been steadily rising by approximately 1% every two years (40% in 1997 to 49% in 2006). Moreover, if the rates of non-fatal injuries among elderly do not decline, falls will be a significant contributor to the dependency on care in the near future.[99] Among the elderly, women are a vulnerable group when it comes to injuries and accidents due to gender differences in exposure to home injuries and higher predisposition for osteoporosis.[100]

Cause specific prevalence

A division in risk groups could be also made based on cause of injuries: 1) vulnerable road users (road transport), 2) accidents related to product and services, 3) sports injuries, 4) interpersonal violence, 5) suicide and self-harm.

1) Vulnerable road users are children, disabled persons, cyclists, skaters and pedestrians who account for one-third of the road transport injury fatalities in the EU and two-third of the road injury victims who have to be treated in EU hospitals. The elderly are especially vulnerable road users since they account for more than 40% of both pedestrians and bicycle fatalities. Despite the declining rates of road traffic deaths, the percentage of vulnerable fatalities remains stable in most EU countries.[101]

2) Home and leisure accidents (including sports) are causing 74% of all hospital injuries in the EU, of which 50% is related to products like building components, tools or machines, furniture and mobile machinery. Within this category, both older people and small children are disproportionately affected by injuries related to respectively: fire, hot fluids and accidental suffocation. The reported injuries are often related to a service provided such as swimming pools and hotels/restaurants.[102]

3) With respect to recreational and sports activities, an estimate of 7,000 fatalities per year in the EU-27 is reported. Again, children and elderly are the groups facing higher risk. Regarding injuries related to swimming fatalities, 30% involve people above the age of 60, 7% affect children between age 0-14 and about 4.5 million people above

[97] European Commission. (2011) Heidi Wiki. Health in Europe: Information and Data Interface. European Injury Database. https://webgate.ec.europa.eu/sanco/heidi/index.php/Heidi/Lifestyle/Injuries#Safety_of_elderly_citizens (accessed July 2012)
[98] Bauer R, Steiner M, Rogmans W and Kisser R (editorial board) (2009). Injuries in the European Union: Statistics Summary 2005-2007. Eurosafe, Kuratorium fur Verkehrssicherheit.
[99] Ibid.
[100] Ibid.
[101] Ibid.
[102] Ibid.

the age of 15 had to be treated in hospital. Most injuries are related to non-organised sports and men are more affected than women although the share of sport injured women has been steadily increasing over the last 10 years (26% in 1998 to 33% in 2007).[103]

4) Interpersonal violence such as homicide is responsible for 2% (5,500 cases per year) of all fatal injuries in the EU-27. Non-fatal intentional injuries account for 4% (1.8 million people) of interpersonal violence. Except for sexual assault, the vast majority of violence victims are men and the perpetrators are predominantly men (72%). For both women and men the rate of homicides rises sharply in the age between 15 and 19 years old.[104]

5) Suicide accounts for 23% of all fatal injuries (60,000 cases per year) and is among the three leading causes of death in the age group 14 to 44 for both men and women. The average number of suicides has been declining in recent years, but, in an ageing population, this could be threatened by the increased risk of suicide in older people.[105] The share of intentional self-harm cases in the EU is 1.4%, of which 60% is performed by women and 70% by adolescents.[106]

The statistics presented above provide insights on the risk groups and trends in injuries across Europe. The rates presented are based on data from death statistics and hospital statistics from the Eurostat database, the Injury Data Base (IDB), the WHO mortality database and WHO health for all databases. Official sport statistics were scarce and broad estimates are presented instead.[107]

Consequences of intentional and unintentional injuries

Unintentional injuries and violence are responsible for a loss of 14% of the healthy life years (Disability Adjusted Life Years) in the WHO European Region.[108] For both European individuals and societies within the EU-region this is a great burden. In addition to the enormous human cost, a substantial proportion of annual health care cost is related to injuries and European growth and prosperity is threatened as a result of lost productivity. For road traffic injuries alone societal costs are estimated to be 3.1% of the national gross domestic product of European Countries. These human, societal and economic costs are distributed unequally. In low-income countries the risk of fatal injuries is four times higher than in high-income countries and there is a three-time difference in risk between high-income and low-income groups.

Importance of improving prevention of injuries and promotion of safety in Europe

Based on the data presented above, when prevention is not improved, the amount of European citizens having to live with a disability due to accidents and injuries[109][110]

[103] Ibid.
[104] Bauer R, Steiner M, Rogmans W and Kisser R (editorial board) (2009). Injuries in the European Union: Statistics Summary 2005-2007. Eurosafe, Kuratorium fur Verkehrssicherheit.
[105] Ibid.
[106] Ibid.
[107] Ibid.
[108] Sethi D, Miltis F, Racioppi F. (2010) Preventing injuries in Europe: from international collaboration to local implementation. World Health Organization.
[109] Eurostat. (2002) Prevalence of disability and long standing health problems (unintentional injuries only, populates aged 15-64_. Labour force Survey.
[110] Bauer R, Steiner M, Rogmans W and Kisser R (editorial board) (2009). Injuries in the European Union: Statistics Summary 2005-2007. Eurosafe, Kuratorium fur Verkehrssicherheit.

probably increases at the same pace. Because of the EU aging society and the vulnerable nature of the elderly, it is possible that the rates of injuries will increase in the coming years; falls will probably be a significant contributor to the dependency on care in the near future. Home and leisure accidents (including sports) are causing 74% of all hospital injuries, for both women and men the rates for homicide rise sharply between the age of 15 and 19[111] and the risk of suicide might increase with increasing age in an ageing population. This will cause a great burden on the society: the productive population will be affected, health care costs will be rising and healthy life years of more European individuals will be affected. To tackle this problem injury prevention must be improved.

As stated before, between and within member countries there are large differences in the occurrence of injuries, which shows a great potential to improve the prevention of injuries and promotion of safety in Europe. As stated in the European Injury Database 'The risk of dying from an injury in Lithuania is over five times higher than in the Netherlands'. It is important to gain insight on the causes for this great variation.

Until now, policy measures on injury prevention are traditionally organised by each sector – traffic, employment, consumer safety, housing, welfare, and police.[112] This could be effective in some cases for example; important advances have been made in traffic safety and workplace safety. In other areas such as home, leisure and sport and safety of elderly, injury prevention should be improved. Since European citizens could often be found in more than one sector and areas are often linked with each other, an integrated approach could improve the prevention and make it less fragmented. Health could be the glue between these sectors. Detailed injury data could guide such an approach. Detailed injury surveillance on product safety and publication of these data has improved safety in this area. Although data surveillance proved its benefits, in many Member States this data are not yet available on a regular basis.[113]

Council Recommendation

The role of the health sector is highlighted in the Council Recommendation by:

a) Quantifying the problems through adequate injury surveillance: Member States are advised to set up a stable injury data collection system and make the resulting information available for integration into the Community database on injuries.

b) Building national capacity and infrastructure: Member States are encouraged to establish national injury prevention plans which combine the best available research evidence with the practical expertise of professionals, either self-standing or as part of a more comprehensive health protection and promotion policy. The development of capacity is another key factor in the process of national plan development and implementation.

c) Supporting policy actions in the following priority areas:

- Children and adolescents
- Elderly citizens

[111] Ibid.
[112] European Commission. (2011) Heidi Wiki. Health in Europe: Information and Data Interface. European Injury Database. https://webgate.ec.europa.eu/sanco/heidi/index.php/Heidi/Lifestyle/Injuries#Safety_of_elderly_citizens (accessed July 2012)
[113] Ibid.

- Vulnerable road users
- Sport injuries
- Injuries due to products and services
- Suicide and self-harm
- Interpersonal violence
- Workplace injuries

Member States should develop a process to set up and implement action plans, either self-standing or linked to broader public health strategies, with a view to reducing injuries in the priority areas listed. Infrastructure support needs to be made available to guide and support these actions in countries by providing capacity training to design, implement and evaluate strategies based on good practices and coordinate joint efforts to attain and sustain work momentum and common goals.

d) Monitoring progress towards the implementation of national plans: Member States are encouraged to monitor and report on national activities relevant to the Council Recommendation.

4.2. Information on European Projects

In the last four years important progress has been made on the three main issues raised by the Council Recommendation, as shown in the available policy documents, websites and databases. In this paragraph an overview of the main European projects on injury prevention is given.

Develop (inter)national injury surveillance system

One of the Council Recommendations was 'to make better use of existing data and develop, where appropriate, representative injury surveillance, and reporting instruments' to:

- Obtain comparable information,
- Monitor the evolution of injury risks,
- Follow the effects of prevention measures over time,
- Assess the needs for introducing additional initiatives.

Measures and databases are presented on these areas. Since Heidi Wiki[114] presents a comprehensive overview of the available policies and databases in relation to the council recommendations, the information is used as a basis for this overview.

Comparable Information

JAMIE – Joint Action on Monitoring Injuries in Europe (JAMIE) - JAMIE is a collaborative project of 22 countries, aiming to create a harmonised injury information system covering the entire EU-region. It targets the objectives of the second Health Programme 2008-2013 of complementing, supporting and adding value to the policies of the Member States with a view of protecting and promoting health and safety (OJ L 301/3, 20.11.2007) as well as the implementation of the Council Recommendation on the prevention of injuries which calls for Community-wide injury information based on national injury surveillance instruments (OJ C 164/1, 18.7.2007).

In 2010, competent governmental authorities from 22 countries signed up for a joint ambition of having by 2015 a common hospital-based injury data collection system in all EU Member States. Such a system should report on external causes of injuries due to accidents and violence and should become an integrated part of the existing programme for exchange of Community Statistics on Public Health. The JAMIE project, co-funded by the EU-Health Programme, will contribute to the realisation of this ambition by initiating a series of actions over the coming three years (mid 2011 - mid 2014) that lay the ground for a genuine EU-wide injury information system[115].

Eurobarometer Safety of services. In 2012 the Flash Eurobarometer 350[116] gives specific information about the safety of services. It investigates European perceptions and experiences with the safety of specific services.

[114] European Commission. (2011) Heidi Wiki. Health in Europe: Information and Data Interface. European Injury Database.

[115] see also http://www.insa.pt/sites/INSA/Portugues/ComInf/Noticias/Documents/2012/Junho/Flyer_JAMIE_Nov_2011.pdf

[116] European Commission (2012). Flash Eurobarometer 350: Safety of services (http://ec.europa.eu/public opinion/flash/fl_350_en.pdf) accessed 19 September 2012

In addition, on Health In Europe Information and Data Interface (Heidi Wiki) several databases are reported as part of former European projects on injury prevention:

COD-Data on causes of death (COD) provide information on mortality patterns and form a major element of public health information. Time series for most EU-27 countries and EFTA (without Liechtenstein) are available from 1994 onwards (Belgium, Germany, 1992; Ireland, 1993). For some countries data are only available from 1995 (Bulgaria), 1996 (Latvia and Slovakia) or 1999 (Cyprus, Poland and Romania) onwards. COD data are derived from death certificates.[117] The medical certification of death is an obligation in all Member States, which code the information of the death certificate into ICD codes. The tenth version of ICD[118] is used as a standard in most Member States and is submitted to EUROSTAT – the statistical information service of the European Union – on a yearly basis. The quality of the data is classified in each country, with variations based on certification and coding procedures. The means for collection of COD data are relatively homogenous between European countries and include death certificate or the use of ICD.
International Classification of External Causes of Injuries (ICECI) - ICECI has been developed as classification related to the ICD 10. ICECI does not replace the ICD 10, rather it expands the information to include the external causes and can be used as a complementary instrument. It is a practical tool for classifying the circumstances in which injuries occurred on a voluntary basis and belongs to the WHO family of classification systems The ICECI was the basis for developing the EU Injury Database (IDB) Coding Manual.

CARE is a Community database on road accidents resulting in death or injury with no statistics on damage – only accidents. The database was created in 2003 and, from 2005 until now, data from Members States that joined the European Union in May 2004 and January 2007 plus Norway, Iceland and Switzerland are also integrated in the database. The major difference between CARE and most of the other existing international databases is the high level of desegregations. The purpose of this is to provide a powerful tool that would make it possible to identify and quantify road safety problems on the European roads, evaluate the efficiency of road safety measures, determine the relevance of Community actions and facilitate the exchange of experience in this field.

European Statistics on Accidents at Work (ESAW) - European Statistics on Accidents at Work (ESAW) are gathered on the basis of a methodology developed in 1990. The data refers to accidents at work that result in more than a three day absence from work – serious accidents – and fatal accidents. For countries that have a universal social security system, the national ESAW sources include the declarations of accidents at work, either to the public via, for instance, social security, private insurance specifically for accidents at work, or to another relevant national authority like a labour inspection body. Data on accidents at work is available for EU15 and Norway. The methodology is still being implemented in the new Member States and Candidate Countries. The first data were published in 2004.

Injury Statistics Portal - The Injury Statistics Portal for mortality data was developed in 2004 by an EU-funded project led by the Centre for Research and Prevention of Injuries (CE.RE.PR.I.). This portal allows access to data collected by WHOSIS database and by the CARE database on road accidents resulting in deaths or injuries, with a friendly interface allowing the aggregation of data according to a number of features.

[117] Eurostat causes of death statistics Information on data available on-line. (2009) Eurostat. http://circa.europa.eu/Public/irc/dsis/health/library?l=/general/information_datapdf/_EN_1.0_&a=d
[118] World Health Organization (2011). International Statistical Classification of Diseases and related health problems (10th revision). http://www.who.int/classifications/icd/ICD10Volume2_en_2010.pdf, accessed 14 January 2013

International Road Traffic Accident Database (IRTAD) - The International Road Traffic Accident Database provides detailed and comprehensive data on road accidents in order to provide internationally comparable up-to-date statistics and consistent time series for the assessment of national developments in the area of traffic safety. IRTAD is now overseen by the Joint OECD/ECMT Transport Research Committee. IRTAD membership is open to all countries, including countries not belonging to the Organisation for Economic Cooperation and Development nor the European Conference of Ministers of Transport (ECMT).

SafetyNet – SafaetyNet is an integrated project funded by DG for Mobility and Transport. The objective was to build a framework for a European Road Safety Observatory with a primary focus on road safety data and knowledge. SafetyNet has made new proposals for common European approaches in several areas including exposure data and Safety Performance Indicators. It has extended the CARE database to incorporate the new EU Member States and has developed new fatal and in-depth accident causation databases. It has also developed new statistical methods that can be used to analyse combined macroscopic and other data. The information of SafetyNet is integrated on the website of DG Mobility and Transport[119].

Surveys - Household surveys are an important source of socioeconomic and health data. Important indicators to inform and monitor development policies are often derived from such surveys. Many European countries conduct surveys that contain questions on injuries, but these are often done irregularly. For example the European Health Interview Survey (EHIS) collects data since 2004/2005 across 29 countries every year and select information on indicators related to health injury and disability[120].

Monitor the evolution of injury risks

European Injury Database (IDB) - The core survey of the EU Injury Database is based on data from accident and emergency departments in selected Member State hospitals. These data are aggregated at EU level in a standardised way and made accessible in a central database. The IDB All Injury Coding Manual is mostly based on the ICECI.

In 2008, 12 EU countries implemented the core survey of the IDB which included: Austria, Cyprus, Denmark, France, Germany (regional), Italy, Latvia, the Netherlands, Malta, Portugal, Sweden and the UK (regional in Wales).

The majority of these countries – Austria, Cyprus, Denmark, Ireland, Latvia, Netherlands, Malta, UK (Wales) and Sweden – cover all types of injuries, unintentional injuries as well as injuries due to self-harm and interpersonal violence. Information provided in the detailed account includes: activity, type of sports, place of occurrence, mechanism, involved products and a narrative. The data are comparable across all injury sectors.

[119] http://ec.europa.eu/transport/road_safety/specialist/index_en.htm (accessed July 2013)
[120] Eurostat. European Health Interview Survey (EHIS) (2010) http://www.unece.org/fileadmin/DAM/stats/documents/ece/ces/ge.13/2010/wp.9.e.ppt#256,1,The European Health Interview Survey (EHIS) (accessed July 2012)

Effective prevention measures over time

EuroSafe, in partnership with the Dutch Consumer Safety Institute has developed the database on Effective Measures in Injury Prevention (EMIP) as part of the European Commission funded and EuroSafe led initiative SafeStrat.[121] The Effective Measures in Injury Prevention (EMIP) database was launched at the end of 2008. The topics covered in the initial launch included child safety, sport safety, vulnerable road users and safety for seniors. The idea for the EMIP database originated from the work of injury practitioners and experts in the field. They identified the need to build capacity among those working in injury prevention by providing relevant and accessible information on current knowledge about the effectiveness of preventive measures to enhance decision making in injury prevention. The intended audiences for the EMIP database are professionals. The scope of EMIP is to cover all injuries (intentional and unintentional) and all ages. Information in the database is primarily based on existing reviews with a focus on systematic reviews.[122]

Assessing the needs for introducing additional initiatives

The databases and projects presented in this chapter all started before the Council Recommendation. The different available databases and projects evolved over time on topics and comparability and are included in current European databases and projects such as JAMIE and IDB. JAMIE, IDB (including COD and ESAW), EMIP and EHIS are supporting the realisation of the Council Recommendation to make better use of existing data and develop appropriate instrument when necessary. Those databases seem to evolve and adapt to change and include other databases and surveillance systems when necessary. Therefore based on our literature search, the Council Recommendation seems to be met. On COD important quality and comparability issues still remain to be tackled, such as a lack of common coding practices of certain external causes like long term consequences and fatalities of non-residents (e.g. tourists). The information on injuries that is collected via death certificates themselves also differs across countries. This is partly countered by ICECI, a free practical tool for classifying the circumstances in which injuries occurred on a voluntary basis and belongs to the WHO family of classification systems. The ICECI was the basis for developing the EU Injury Database (IDB) Coding Manual. In the case of CARE and ESAW the data are nowadays integrated on a European level in the Injury database. Since CARE is a Community database on road accidents resulting in death or injury, only accidents are reported and not the damages. Since it is part of the IDB the information seems to be integrated with other information.

National action plans and policy development and interdepartmental coordination

One of the Council Recommendations was 'set up national plan or equivalent measures, including promotion of public awareness of safety issues, for preventing accidents and injuries'.

Such plans and measures should initiate and promote interdepartmental and international cooperation and use funding opportunities effectively for preventive actions and promoting safety, with specific attention for gender, vulnerable groups, sports and leisure injuries, injuries caused by products and services, violence and self-

[121] Eurosafe. Effective measures. http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l2effectivemeasures.htm (accessed July 2012)
[122] "Effective Measures in Injury Prevention (EMIP) database"

harm. Progresses on these areas are reported in this paragraph. The first progress is reported in an evaluation of the World Health Organization one year after the launch of the Recommendation.

The WHO evaluation on the developments after the Council Recommendation and the resolution EUR/RC55/R9 from 2008-2009 shows that encouraging progress has been made (67% of 46 responding countries reported progress). 60% of respondent countries reported an overall national policy improvement on preventing unintentional injuries, and the number of countries with national policies for all unintentional injuries, road safety, falls and drowning increased between 2008 and 2009. 46% have an overall policy on violence prevention and 80% of the countries reported having courses for building capacity for violence and injury prevention, with better implementation in 2009 than 2008. The median average implementation of all selected interventions was 73% (mean 71%) in the Region. In terms of national policy development, 60% of countries have inter-sectoral policies on unintentional injuries and many countries have developed national policies for individual types of injury. The percentage of implementation in preventive programmes for all unintentional injury improved overall by 10% from 2008 to 2009. There are integrated policies for preventing violence in 46% of countries and there was an increase of 24% compared to 2008.

After 2008-2009, developments in the field of injury and accident prevention are reported in several areas. In 2011 the Budapest Conference on Injury Prevention and Safety Promotion was organised to strengthen the development of national injury prevention policies and to increase capacity at an EU level to exchange expert professional knowledge on injury prevention. During the 3rd European Conference sessions participants were invited to discuss and amend a set of conference conclusions. In general there was a call for better co-ordination of actions on injury prevention in Europe. The conference concluded that: "The Commission should introduce an annual reporting duty for Member States on plan development and implementation from 2014 onwards, as one of the follow up actions of the Council Recommendation on the Prevention of Injuries and the Promotion of Safety (2007/C164/01)."[123] The European Commission and WHO Europe were urged to continue their support to training programmes and to the development of European networks of expertise on the seven priority areas as identified in the Council Recommendation. Extended funding of such networks under the post 2013-EU-health programme is an essential requirement.

Main other conclusions are:

Whole government approach - Ministries of Health should acknowledge that significant improvements in safety of population can be achieved by influencing public policies in other departments and therefore they need to put greater emphasis on a 'whole government approach' in injury prevention and safety promotion, along three lines of action.[124]

Fragmented policies - Over the past four years progress has been made in national plan development and in encouraging the implementation of evidence-based multi-sector interventions within countries. However, in the majority of Member States, current injury prevention policies are still fragmented.

[123] Eurosafe Alert, August 2011 pg. 2

[124] http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwAssets/5E205E34C180AB9BC12576C800290C8C/$file/Special%20conference%20issue%20August%202011.pdf

Addressing cross-cutting risk factors **-** Common risk factors for injury and violence are social deprivation, the use of alcohol and exposure to unsafe products and environments. Strategies addressing these modifiable factors need the involvement of multiple sectors such as social policy, finance, transportation, leisure and recreation, urban planning, education and sport.

Child safety - Significant progress has been made in implementing evidence based good practices over the past 10 years and, where political and resource investments have been made, results have been visible. Yet more progress could be made with increased use of a multi-pronged approach with uptake of effective educational, engineering and enforcement strategies by various professional sectors and with increased support from national governments and the European Commission. Longer term investments in leadership, infrastructure and capacity to support efforts to reduce childhood injury are also needed. An example is the Child Safety Action Plan which ran from 2004-2010. Its aim was to develop Government endorsed national action plans in European countries. This programme is continued through the TACTICS programme which focuses on the dissemination and implementation of evidence-based good practices on child safety, across Europe. TACTICS is funded until March 2014. Most of the countries involved in the initiative have established national inter-sectoral groups to facilitate future planning. In many cases, these groups form the basis for a national child safety network that will have access to European level support for sharing experience on good practice, research, publications and media activities.[125]

Adolescent and injury risks — The conference highlighted the need for using evidence-based approaches to reduce the toll amongst adolescents and young adults. However, attributing injury risk to 'risk-taking behaviour' has a potential to demonise young people in the eyes of the authorities who seek to reduce injuries and save lives. Compared with younger age groups, there is relatively little attempt to understand risk-taking and injury by first understanding the evidence for developmental aspects of the associated behaviour. An implemented project is AdRisk (Adolescents and Risk-taking). In 2008, EuroSafe and partners, published a good practice guide for professionals working in injury prevention with young people aged between 15-24; the good practice guide is based on a literature review of scientific research evidence and also includes 'promising' case studies from across Europe.

Integrated sport policies - Based on the experiences of the last years, the conference concluded that sport has essential health benefits but injuries hamper these effects. Governments should include as part of their national policies for "sports for all" specific plans for the prevention of injuries related to physical activity. Injury prevention should be included in all levels of education and should be made mandatory for local, regional and national level. Eurosafe Task Force on safety in sports (2011) highlighted the need for European collaboration in sport safety, with emphasis on bringing researchers, practitioners and policy-makers closer together. The report concluded that greater collaboration between the three agents of researcher, policymaker, and practitioner, would help to implement sport safety knowledge and expertise at both the national and EU level.[126]

Safety of elderly citizens - Currently very few countries in Europe have established concrete targets for prevention of injuries in elderly people and even fewer evaluate whether their targets were met. It was stressed in the conference that national policies and infrastructures for injury prevention should be more strongly targeted at safety for older people. Coherent multidisciplinary programmes should be developed

[125] Eurosafe Background document on Child Safety Report Cards, p.11) Available online, accessed 22nd May 2012

[126] Report on consultation among experts in the field of promotion of physical activities and injury prevention, EuroSafe, January 2011

at the national level. These should be implemented with national data collection mechanisms to evaluate interventions by outcome, i.e. in terms of reduction in fall/fracture rates. Health and social care agencies need to work together to prioritize fall prevention as part of their overall strategy for promoting healthy ageing. An example of a policy on elderly is the EUNESE project (European network for safety among the elderly); it started in July 2004 but the five year strategic plan for the prevention of unintentional injuries among EU senior citizens runs for 2007-2011. The five year plan references the Council Recommendation as a "basic information source".

Good practices

One of the Council Recommendations was to 'encourage that injury prevention and safety promotion is introduced in a systematic way in schools, as well as in vocational training programmes of health and other professionals in such way that these groups can serve as competent actors and advisors in the field on injury prevention'.[127] Progress on these areas is reported in this paragraph.

In the 2011 conference in Budapest on Injury Prevention and Safety Promotion the following developments are reported:

More efficient capacity building - Governments are urged to reallocate financial resources commensurate to the importance of the issue of injuries and violence, to designate a lead organisation for coordinating multi-stakeholder initiatives for injury prevention and to enhance institutional capacity. It is recommended to integrate basic injury prevention training programmes into a wide range of educational curricula -such as provisioned by the WHO TEACH-VIP programme.

Safety at work - In the discussion it was noticed that there is quite some diversity among Member States as to their ability to define core curriculum subjects at national level. In the current political climate to make health and safety a compulsory subject in the curriculum, teachers include some health and safety issues in physical education lessons, design and technology and practical work and health issues covered as part of personal, social and health education. With or without mandatory arrangements, it remains important to embed learning objectives on risk education and occupational safety and health through core curriculum subjects in primary, secondary and professional levels of education. It is a challenge to find interesting ways of presenting health and safety to young people. Good examples do exist however, like the 'Dilemma Game' in Denmark and the 'Split the Risk' programme in the Netherlands. In schools it is recommended to combine occupational health and safety for staff and pupils so that there is a 'whole school' approach as has been developed in the Netherlands and in Sweden. For example AdRisk, the good practice guide based on a review of the scientific literature, recommends that injury prevention should be part of the whole school curriculum with sessions delivered by trained teachers. Further the guide recommends that: 'Capacity building in the field of injury prevention for policymakers and professionals should be strengthened'. In workplaces it was found that the role of supervisors is crucial to the safety of young people in the workplace. These supervisors, although often very competent in their work, need specific training on occupational health and safety and also on how to supervise a young person. Health and safety inspectors need to be trained on how to coach employers who hire young people and how to involve young people in creating a safer work environment. The Netherlands has a system of approval for employers of apprentices, which could provide a model for other countries. The European Commission should facilitate the

[127] The Council of the European Union. (2007)Council Recommendations. COUNCIL RECOMMENDATION of 31 May 2007 on the prevention of injury and the promotion of safety (Text with EEA relevance) (2007/C 164/01). Official Journal of the European Union.

development of national standards for safety and health for workplaces employing young workers. For injury prevention of elderly the project EUNESE supported capacity building. The second strategic goal of the project's five year plan was to train professionals aiming to reduce unintentional injuries amongst the elderly. The project intended to conduct coordinated educational campaigns targeted at professionals. No final report was available on the effectiveness of this strategy.

Interpersonal violence - Based on the experiences in the last four years in the area of safety concerns, especially regarding home and leisure accidents and interpersonal violence, there is a lack of transparency as to stakeholders' responsibility. In these areas prevention efforts are seriously lagging behind compared to traditional domains of safety policies, such as road safety, safety at work and crime prevention. In the Eurosafe PHASE (Public Health Action for a Safer Europe) final report this is also highlighted. PHASE was funded in 2007 by the EU under a dedicated work package on interpersonal violence. The final report disseminated good practice from programmes already existing in Member States. Based on the programmes cited, the report emphasised the need for specialised training of professionals who work with violence injury victims. It also recommended involving external experts from public institutions and NGOs to help provide the training: 'institutions should play an important role in education and should work collaboratively with field professionals to develop a Violence Prevention Curriculum.'[128]

Conclusions

To conclude, there are many European and national projects and initiatives on injury prevention and safety promotion. The findings reported in chapter 4 show that progress has been made based on the Council Recommendation. The Eurosafe 2013 report[129] which focuses on a summary of injury statistics in the EU in the period 2008-2010, concludes that better injury data are still required to assess the health and economic burden of injuries across the EU and in the Member states. More harmonisation is needed to better compare among countries, to spot trends and to better assess impact of policies and programmes. The JAMIE Joint Action will by 2014 lead to at least 22 Member States collecting IDB data in a sustainable way, and 4 others will have plans to implementing sustainable data collection. There is a need for strong political commitment from EU and member states to realize this after JAMIE has finished.

Also, more work on national level is recommended in particular with regard to the following areas:

- a whole government approach to injury prevention
- cross-cutting risk factors need to be better addressed
- developmental aspects of adolescents to their risk behaviour should be better connected
- inclusion of 'sports for all' in the national plans for injury prevention
- setting of targets and monitoring these targets concerning injury prevention of the elderly
- including injury prevention in curricula in all countries (diversity)

[128] PHASE final report: pg. 10

[129] Eurosafe (2013). Injuries in the European Union, Report on injury statistics 2008-2010, Amsterdam

- improved understanding of the responsibility of stakeholders in prevention of home and leisure accidents.

5. Conclusions and recommendations

5.1. *Conclusion by topics*

Injury surveillance

The injury surveillance system has improved over recent years, mainly because of the Health Information System. However, the information system is mainly covering areas of road safety and safety of children and adolescents.

The Council Recommendation is reported as having played a role in the majority of countries but this is particularly marked in those countries that had less well developed surveillance systems.

Good practices implementation

In most countries in Europe good practices programmes have been developed and are being implemented. The areas 'road safety', 'safety of children and adolescents, and 'workplace safety' are most developed, followed by 'prevention of interpersonal violence'. The other priority areas, specifically 'prevention of self-harm- and 'prevention of sport injuries', are well less covered*. Information on cost-effectiveness is still missing. Some countries struggle with economic restraints in implementation.*

In the development of good practices and implementation of programmes, the Council Recommendation is reported as having played a role, but less than in injury surveillance. The Recommendation mainly generated political commitment and opportunities for international exchange, rather than direct implementation.

National policy development

Most countries have policies and coordination mechanisms in place for injury prevention; however these may differ in focus and in intensity. In practice, injury prevention is a multi-sectorial effort, in which some sectors are stronger than others. In primary and secondary schools, as well as in training programmes in the health sector attention is given to injury prevention.

The Council Recommendation helped countries (especially on a national level) that were motivated, to develop policies and practices for injury prevention. It also facilitated international exchange.

Added value on actions at EU level

The Council Recommendation had an impact on EU actions, especially in the domains of policy development, injury surveillance and to a lesser extent on development and implementation of good practices. The specific aspects of EU added value, beyond those reported under the particular headings for the Council recommendation could not be clearly assessed in this exercise because of non-response and other limitations.

5.2. Questions and Answers

Country level:

EQ1 What is the current policy response at European country level in relation to the provisions put forward by the Recommendation?

- In most (23) European countries there is an injury data report available. However, five EU countries[130] do not have a data report available.
- A comprehensive data report on the main injury domains is available in 15 European countries. 12 EU countries still do not have a comprehensive data report.
- In most European countries there is a sustainable injury surveillance system available or there are plans to develop such a system. Notably, all EFTA countries and EU candidate countries already have a sustainable system available.
- When countries have a sustainable data collection available, this has an influence on policies concerning injury prevention and safety promotion. Data are used in most countries to define new policies and future targets.
- Not all priority areas are covered yet in all European countries. Most attention of policy and good practice is on the priority areas 'safety of children and adolescents' , 'safety of vulnerable road users' and 'prevention of workplace injuries', followed by 'prevention of interpersonal violence'. Less attention was given to 'prevention of sport injuries' and the 'prevention of injuries due to products and services'.
- In 21 European countries there are policies available on gender and vulnerable groups, but mostly on vulnerable groups only. Notably, all EFTA countries and EU candidate countries have policies on vulnerable groups.
- In almost all European countries[131] a national focal point (or more focal points) is available, but in less than half of the countries there is an interdepartmental coordination group. In 5 countries there is sufficient budget for these tasks. In only two countries a policy is available on overall coordination of injury prevention and safety promotion. In most other countries there is overall coordination around themes or priority areas only.
- Funding opportunities increased in a small number of European countries. This increase was mostly for injury surveillance and developments interventions of

[130] BE, IT, LU, ES, UK
[131] Except LU

programmes. Significantly, this increase in funding for injury surveillance and development of programmes increased in all three EU candidate countries.

- In only a few countries[132] cooperation is taking place at the international level at a high degree. In most countries no budget is available for these tasks.
- In most countries the international exchange data, policy and good practice on injury prevention and safety promotion is appreciated, but this exercise is used and applied to a limited extent only
- In almost all countries national conferences were organised, and in half of the countries EU and international conferences were organised.
- In most countries injury prevention and safety promotion has been incorporated in vocational training of the health sector, but less than two-thirds in other sectors. In many countries there are policy initiatives to integrate injury prevention and safety promotion at schools, mainly primary schools.

EQ2 To what extent has European countries adopted or updated/revised their own policies around injury prevention and safety promotion? For those who have, is the role of the Council Recommendation visible in their strategies? For those European countries that have not adopted policies, what accounts for this gap in implementation of the Council Recommendation?

- As stated in Chapter 5.1, the Council Recommendation was most useful in countries that have not yet developed their injury surveillance, policy and/or good practices fully or partially. In these countries the Recommendation influenced policy and practice on injury prevention and safety promotion significantly.
- In countries that had already developed their surveillance system, policy and/or good practice, the Council Recommendation was perceived as less useful.
- In most EU countries the Recommendation contributed to political commitment, facilitated and improved inter-sectoral collaboration and stimulated international exchange.
- In some countries the Council Recommendation was not implemented or where one was not familiar with the Recommendation, mainly the EU-affiliated countries.
- In some countries national policy is treated as priority rather than the Council Recommendation.

EQ3 and EQ4[133] What is the distribution of activities and outputs in relation to the Recommendation throughout the Commission services? To what

132 CY, FYROM, ME

133 IBF International Consulting (2011). Preparatory work for the report on the implementation of the 2007 Council Recommendation on the prevention of injury and the promotion of safety, p. 14 and p. 15, where EQ3 and EQ4 are combined. Luxembourg.

extent have all relevant provisions of the Recommendation been addressed by EU actions (legislations adopted, Commission reports, conferences, trainings) during the period 2007-2011?

- Important progress has been made over the last four years on the three main issues of the Council Recommendation.

- Different directorates of the European Commission are responsible for certain aspects of the prevention of injuries: Health and Consumers, Justice & Home affairs, Employment, Transport, Education, Industry (market surveillance), Research (safety research), EuroStat (health statistics).

  They have been supporting the Council Recommendation priorities through their respective Programmes: safety promotion through the Consumer Financial Programme 2007-2013[134] (cf. Rapex), injury prevention through the Health Programme 2008-2013[135] mainly for injury surveillance, development and exchange of good practices, as well as other Community actions/programmes within the domain of transport (e.g. road safety[136]), education/sport (e.g. sport/leisure[137]), work (e.g. health and safety at work[138]) and justice (e.g. violence prevention-DAPHNE[139]).

- WHO EURO[140] gathers information and data at European level on injury and safety including national policies. This supported the progress report on the implementation of the Council Recommendation. The WHO EURO progress report did not explicitly look into the specificities of policy changes and actions taken *in relation to* the Recommendation and the specific measures and priority areas, but focused on checking to what extent the available published evidence-based prevention measures have been adopted and are at present implemented in countries. The WHO EURO progress report did not contribute to insights as to the actions carried out at EU-level and the possible impact of EU-level outputs on national policies and implementation processes.

- *Concerning the development of the (inter)national injury surveillance system*, the following databases and projects are taking place[141]:

  - Joint action on monitoring injuries in Europe (JAMIE project)
  - Eurobarometer Safety of Services
  - Data on Causes of death (COD-data)
  - International classification of External Causes of Injuries (ICECI)

[134] http://ec.europa.eu/consumers/strategy/programmes_en.htm, accessed 26 February 2013
[135] http://ec.europa.eu/health/programme/policy/index_en.htm, accessed 26 February 2013
[136] http://ec.europa.eu/transport/road_safety/index_en.htm, accessed 26 February 2013
[137] http://ec.europa.eu/sport/news/index2010_fr.htm , accessed 26 February 2013
[138] http://ec.europa.eu/social/main.jsp?catId=148&langId=en, accessed 26 February 2013
[139] http://ec.europa.eu/justice/funding/daphne3/funding_daphne3_en.htm, and http://ec.europa.eu/justice_home/daphnetoolkit/html/search/generateSearchServlet?task=search_by_keywords&lang=fr&select=6&chb=409, accessed 26 February 2013
[140] http://www.euro.who.int/violenceinjury, accessed 26 February 2013
[141] See also Chapter 4.2 in this report

- Community Database on road accidents (CARE)
- European Statistics on Accidents at Work (ESAW)
- Injury Statistics Portal
- International Road Traffic Accident Database (IRTAD)
- SafetyNet
- National surveys: household surveys in many European countries on collecting socioeconomic and health data contain questions on injuries, but these are often done irregularly.
- Database on Effective Measures in Injury Prevention (EMIP)
- European Health Interview Survey (EHIS)
- The Injury Database (IDB); IDB is implemented in 12 European countries (2008), most of which cover all types of injuries.

JAMIE (aiming to create a harmonized injury information system covering the entire EU region, extending the coverage of the IDB), IDB (including COD and ESAW), EMIP and EHIS all support the Council Recommendation to make better use of existing data and develop appropriate instruments where necessary.

- *Concerning national action plans and policy development and interdepartmental coordination (see also EQ1):*

  According to the WHO EURO evaluation on the developments 2008-2009 (one year after the launching of the Council Recommendation)[142], good progress was made on injury prevention, reported by 67% of 46 responding European countries.

  - Since then, in 2011, the Budapest Conference on Injury Prevention and Safety Promotion[143] was the main event organised to strengthen the development of national injury prevention policies and to increase capacity for knowledge exchange regarding all priorities from the Council Recommendation, including the WHO TEACH-VIP programme. Main recommendation was a call for better coordination of actions on injury prevention in Europe.

- *Concerning good practices* in this exercise more efficient capacity building is taking place, more synergy is being created in the area 'safety at work'; stronger focus is put on 'interpersonal violence'. More attention is needed to a whole of government approach on injury prevention and safety promotion, addressing cross-cutting risk factors, connecting developmental aspects of adolescents to their risk behaviour, inclusion of 'sports for all' in national injury prevention plans, focusing on safety of the elderly and including injury prevention in school curricula in all countries.

[142] See also Ch 4.2
[143] Ibid.

- In most countries appropriate actions have been taken based on the Recommendation; these countries have developed and adopted legislation, improved surveillance, developed and implemented injury prevention programmes, organised conferences and incorporated elements in curricula of schools. The EU has supported this through technical assistance in several programmes and projects as already mentioned above. Not all results at country level can be attributed to the Council Recommendation itself. First of all, over one-third of responding countries (39%) had their autonomous national policies and programmes for injury prevention already in place. Secondly, the WHO EURO played a facilitating role in exchanging information between EU countries through its national focal points' meetings in which the European Commission is participating.

- Through the progress report work undertaken by WHO EURO, which was funded by the European Commission, new VIP-TEACH training modules were developed: a module on surveillance consisting of one new lecture adapted to the European context, which is used during capacity building events held in EU countries and an advanced module on national policy development consisting of three lectures. These modules were included in the new course, available since June 2012 (see Chapter 3.5).

EQ5 To what extent have the different elements of the Recommendation been included or actively promoted into other EU policies and activities, funding programmes (i.e. Community programmes such as the Public Health Programme, the road safety Action programme)?

- Actions on injury prevention facilitated by the different DGs are across all priority areas (see also EQ 3-4).

- Road safety receives the most support through the PRAISE-project. Funding for local projects was reported to be available for vulnerable road users, children and adolescents, elderly citizens and interpersonal violence.

- In addition to the EU Road Safety Action Programme, an EU Action Plan on Urban Mobility[144] has been adopted in 2009 and specifically refers to injury prevention actions within its action 3: Transport for healthy urban environments.

- In the replies received the Health Programme of DG Sanco and the knowledge and experience exchange among DG Move and DG Employment were specifically mentioned; also there it was made clear that DG Sanco[145], DG Move, DG Education, DG Employment, DG Justice and DG Research were all involved in EU policies relating to injury prevention.

[144] European Action Plan on Urban Mobility / COM(2009)490, accessed 26 February 2013

[145] Annual work plans of the EU Health Programme 2008-2013 included priority sections on injury prevention through surveillance and good practices; it also targeted vulnerable groups (cf. children, youth) and promoting mental health (cf. prevention of suicide).

EQ6 How does the availability of an injury surveillance system in the European countries have influence on policymaking in Europe?

- At country level the resource persons indicated that the information on injuries coming from the surveillance system has a clear influence on policy development and on commitment to initiate programmes for injury prevention and safety promotion.
- From the telephone interviews there was strong consensus that data from the IDB have been widely used to inform and improve policy decisions. The data have also been used to help answer Parliamentary Questions, and to inform the setting of quantitative targets.
- The desk research did not reveal any documentation describing specific use of the IDB in policy-making on a European level.

5.3. Recommendations

- Further harmonisation of surveillance and reporting is needed in the EU for improvement of comparability among countries. Adaptations in the classification of priority areas could be considered in order to minimize overlapping between areas and to highlight the difference between age groups, domains and vulnerable groups. More EU support for countries which have not yet developed injury surveillance, policy and/or good practice on the field of injury prevention and safety promotion (mainly the EU affiliated countries), should be considered.

- The European countries should all have an integrated plan for the prevention of injury and the promotion of safety, including a national focal point covering all priority areas. Also the involved Directorates within the European Commission could benefit from increased collaboration, possibly through the existing focal point at DG Sanco. Increased policy activities and attention should be given to the 'prevention of self-harm' and the 'prevention of sport injuries'. Intentional injuries caused by violence need special attention as a category closely linked to socio-economic circumstances, gender issues and religious beliefs.

- More resources are recommended for implementation of good practices and evidence-based programmes on injury prevention and safety promotion.

- More attention to international cooperation, exchange of knowledge and sharing of good practices is recommended in the area of policy development, research, practice and capacity building. European programmes for research and international collaboration could incorporate such activities. It is recommended to incorporate stakeholders on the lower levels of government (regional and local level) as well as NGOs and the private sector in an ongoing international exchange of implementation knowledge and capacity building. The internet offers innovative opportunities for this exchange.

- More attention is recommended to demonstrate the cost-effectiveness of actions and programmes in the area of injury prevention and safety promotion.

- Prevention of injuries and promotion of safety should become a truly inter-sectoral priority, for which more effort for interdepartmental coordination at country level as well as at the level of the European Commission is recommended.

- Incorporating safety education in regular school curricula is a sensible investment for the future, especially regarding some cross-cutting themes like education on risks increasing injuries such as alcohol and drug abuse.

- Further collaboration – and where needed division of labour - between the European Commission and WHO EURO is recommended to increase effectiveness. Regular reporting by European countries to EC and WHO on progress made could be helpful in this regard.

- The TEACH-VIP E-learning programme of WHO should be further promoted and implemented both on the European as on national level.
- For the future implementation of the Council Recommendation more emphasis should be placed on developing and implementing good practices on injury prevention and safety promotion at the regional and national level.

Annex 1: Council Recommendation on the prevention of injuries and promotion of safety

18.7.2007 EN Official Journal of the European Union C 164/1

I

(Resolutions, recommendations, guidelines and opinions)

RECOMMENDATIONS

COUNCIL

COUNCIL RECOMMENDATION
of 31 May 2007
on the prevention of injury and the promotion of safety

(Text with EEA relevance)

(2007/C 164/01)

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular the second subparagraph of Article 152(4) thereof,

Having regard to the proposal from the Commission,

Having regard to the opinion of the European Parliament [1],

Whereas:

(1) Every year, about 235 000 citizens of the Community die as a result of an accident or violence. Injuries are, after cardiovascular diseases, cancer and respiratory diseases, the fourth most common cause of death in the Member States.

(2) In children, adolescents and young adults accidents and injuries are the leading cause of death.

(3) Many survivors of severe injuries suffer life-long impairments. Accidents and injuries are a main cause of chronic disability among younger people leading to a heavy and largely avoidable loss of life years in good health.

(4) On average, injuries account for about 6,8 million hospital admissions, which represent 11 % of all hospital admissions in the European Union.

(5) Injuries represent a huge financial burden on health and welfare systems, causing about 20 % of sick leave and constituting a major factor for reduced productivity.

(6) The risk of an injury is unequally distributed in Member States and in social groups, and varies by age and gender as well. The risk of dying from an injury is five times greater in the Member State with the highest injury rate than in that with the lowest rate.

(7) In contrast to many other causes of illness or premature death, injuries can be prevented by making our living environment, as well as products and services we use safer. There is ample evidence of proven effectiveness in accident measures that are still not widely applied throughout the Community.

(8) Most of these measures have been proven cost-effective, because the benefits of prevention for health systems often exceed by a factor of several times the costs of intervention.

(9) The important advances that have been made in a number of areas of safety concern like traffic or the workplace should be continued. In addition, attention should be paid to other areas which up until now have been less covered like home, leisure and sport accidents, and prevention for children and elderly citizens.

(10) Consideration should also be given to the link between the consumption of alcohol and drugs and the number of injuries and accidents as well as to intentional injuries, in particular domestic violence against women and children.

(11) It therefore seems necessary to make better use of existing data and develop, where appropriate, an injury surveillance and reporting mechanism, which could ensure a coordinated approach across Member States to develop and establish national policies on prevention of

[1] Not yet published in the OJ.

injuries, including exchange of best practice. Such a mechanism could be developed within the Community Public Health Programme (1), any successor programmes and any other relevant Community programmes, and should be built on the basis of representative national injury surveillance and reporting instruments to be developed in a coherent and complementary manner.

(12) In order to streamline the resources of the Community Public Health Programme and any other relevant Community programmes and to tackle injury prevention most effectively priority areas have been identified: safety of children and adolescents, safety of elderly citizens, safety of vulnerable road users, prevention of sports and leisure injuries, prevention of injuries caused by products and services, prevention of self-harm and prevention of violence, particularly domestic violence against women and children. These priority areas have been determined by taking account of the social impact of injuries in terms of the number and severity, the evidence regarding the effectiveness of intervention actions and the feasibility of successful implementation in the Member States,

HEREBY RECOMMENDS:

With a view to providing for a high level of public health, Member States should:

(1) Make better use of existing data and develop, where appropriate, representative injury surveillance and reporting instruments to obtain comparable information, monitor the evolution of injury risks and the effects of prevention measures over time and assess the needs for introducing additional initiatives on product and service safety and in other areas.

(2) Set up national plans or equivalent measures, including the promotion of public awareness of safety issues, for preventing accidents and injuries. Such plans and measures should initiate and promote interdepartmental and international cooperation and use funding opportunities effectively for preventive actions and promoting safety. In their implementation, particular attention should be paid to gender aspects and to vulnerable groups such as childr people, persons with disabilities, vulnerable road to sports and leisure injuries, injuries caused by and services, violence and self-harm.

(3) Encourage the introduction of injury prevention promotion, in schools and in training of health professionals, so that these groups can serve as actors and advisors in the field of injury preventio

HEREBY INVITES THE COMMISSION TO:

(1) Gather, process and report Community-wide injur tion based on national injury surveillance instrum

(2) Facilitate the exchange of information on good pr on policy actions in the identified priority area dissemination of the information to relevant stake

(3) Support Member States in the inclusion of injury knowledge into the training of health a professionals.

(4) Carry out Community actions as outlined above the resources provided for in the Community Pul Programme and successor programmes, the gene work for financing Community actions in s consumer policy (2), the Framework Progra Research (3) and any other relevant C programmes.

(5) Carry out an evaluation report four years after th of this Recommendation to determine whether th proposed are working effectively and to assess th further actions.

Done at Brussels, 31 May 2007.

For the Council
The President
F. MÜNTEFERING

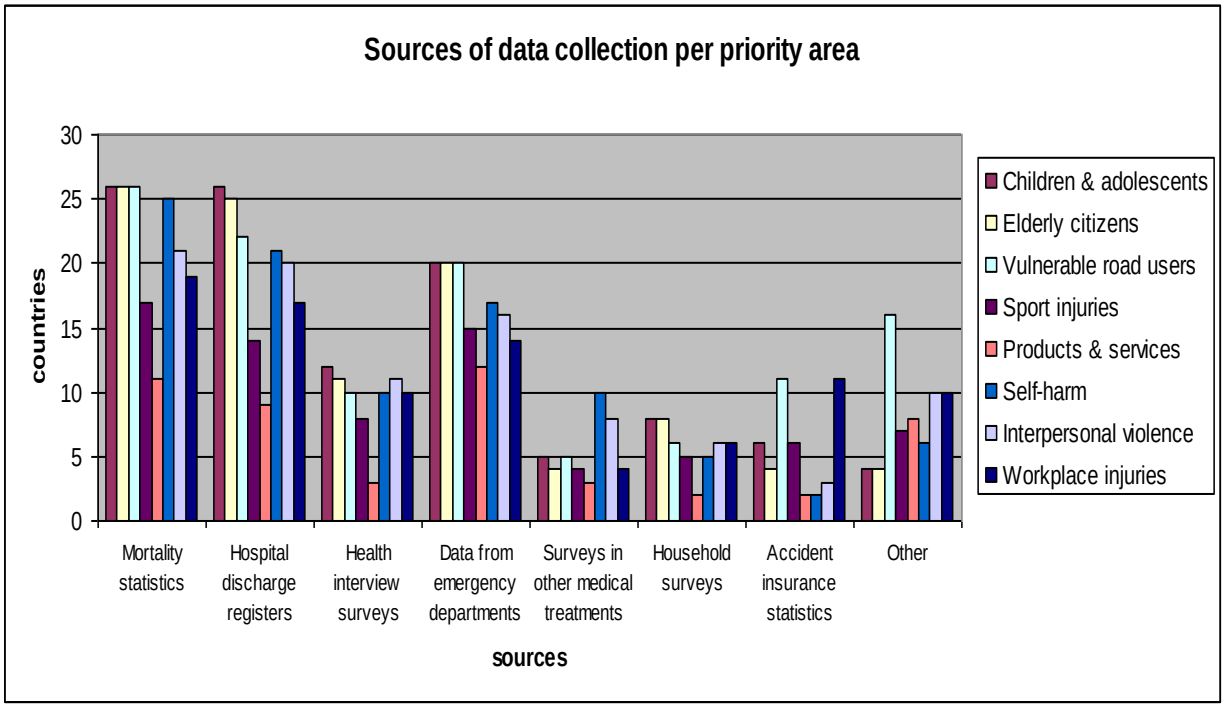
(1) Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008) (OJ L 271, 9.10.2002, p. 1).

(2) Decision No 20/2004/EC of the European Parliament Council of 8 December 2003 establishing a general fra financing Community actions in support of consumer po years 2004 to 2007 (OJ L 5, 9.1.2004, p. 1).

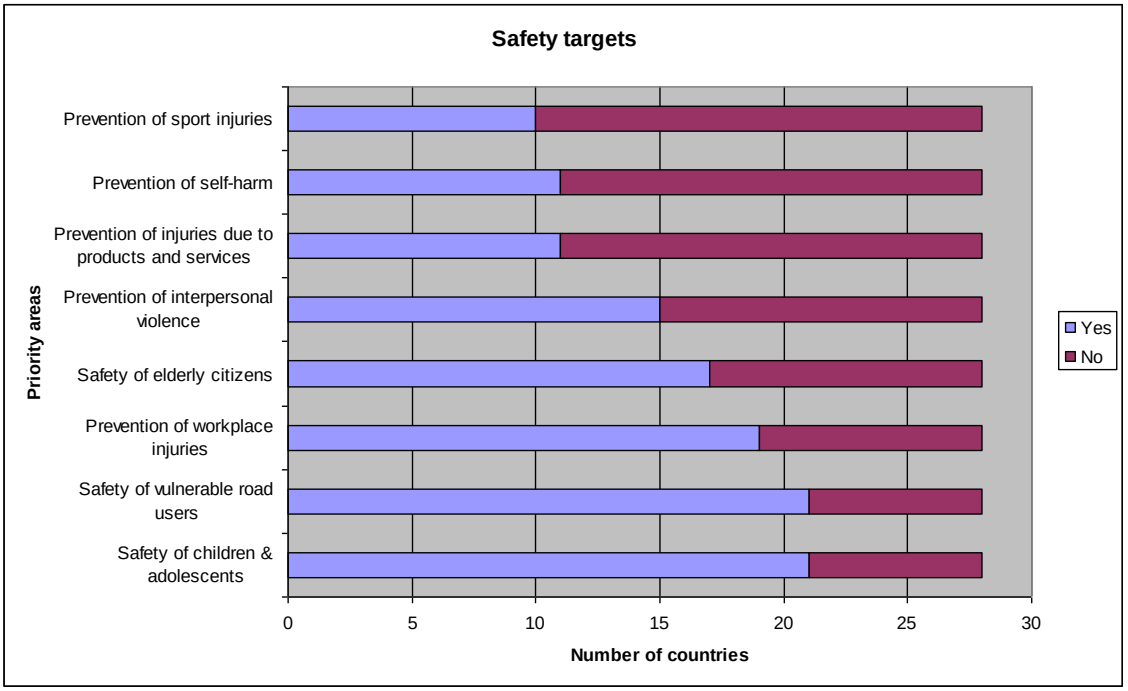
(3) Decision No 1513/2002/EC of the European Parliament Council of 27 June 2002 concerning the sixth framework of the European Community for research, technological d and demonstration activities, contributing to the creation pean Research Area and to innovation (2002-2006) 29.8.2002, p. 1).

Annex 2: list of graphs

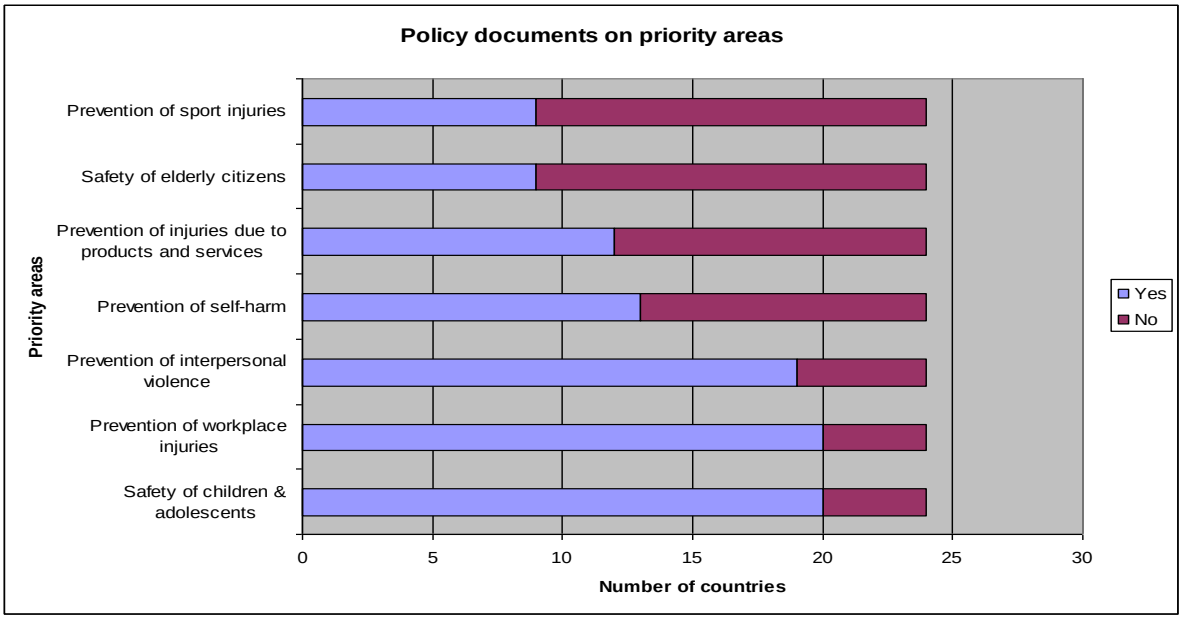
Graph 3.4 Sources of data collection per priority area



Graph 3.6 Extent of safety targets in EU countries (n=28)



Graph 3.7: Policy documents on priority areas



Annex 3: Questionnaire injury surveillance

Dear colleague,

This is the start of the APIPS questionnaire. The APIPS questionnaire aims to get insight in the state of play of **the injury surveillance system** in your country **since 1 January 2009** (last update from WHO[146]). Completing this questionnaire will take about twenty minutes.

You can start the questionnaire by entering your e-mail address. It's possible to leave the questionnaire and to return to your latest version by using the link again and entering your e-mail address.

Thank you in advance for participating in this survey.

Theme	*Question*	*Answering options*
Comprehensive data report	Is there an injury data report available in your country?	Yes No
	Is this injury data report comprehensive, following the guidelines of the Recommendation? *A comprehensive data report on injuries is a report with key figures of the main unintentional and intentional injury domains, injury outcomes in which most of the priority areas are identified as well as injuries at various levels of severity (i.e. separated for deaths, hospital admissions, emergency departments and other medical treatment)*	Yes No
	If there is no comprehensive data report available in your country, can you please indicate why not?	Open
	Is there any intention in your country to produce such a comprehensive report?	Yes No
	If there is a comprehensive report in your country, from what year was the latest report?	Date
	If there is an injury data report available in your country, can you please provide a link to the latest report?	Open
	Does the injury data report in your country include figures on all seven priority areas? Can you please indicate this for each priority area below?	Safety of children & adolescents Safety of elderly citizens Safety of vulnerable road users Prevention of sport injuries Prevention of injuries due to products and services[147] Prevention of self-harm

[146] http://ec.europa.eu/health/healthy_environments/docs/injuries_who_en.pdf

[147] Safety of products and services relates to health and physical integrity of consumers.

		Prevention of interpersonal violence Prevention of workplace injuries Other, namely:
	Does the data report on your country include figures on the main unintentional and intentional injury domains? Can you please indicate this for each (un) intentional domain below?	Road traffic Work place School Sports Home and leisure Homicide and assaults Suicide and self harm Workplace safety Other, namely:
	Does the injury data report in your country include injuries at various levels of severity? Can you please indicate this for each level of severity below?	Fatalities Hospital admissions Hospital outpatients (treatment in ED) Other medical treatment
Sustainable data collection	Is there a system for injury data collection in your country, based on the health sector?	Yes No
	If yes, is this system sustainable? *Sustainable health sector based injury data collection means an ongoing national surveillance system of medically treated injuries.*	Yes No
	For how long into the future is this ongoing injury data collection guaranteed in your country?	Two years or more One to two year One year Less than one year No guaranties
	If yes, on which date it was decided to start sustainable data collection in your country?	Date
	If yes, which of the following areas are covered in your country in the system for sustainable injury data collection?	Safety of children & adolescents Safety of elderly citizens Safety of vulnerable road users Prevention of sport injuries Prevention of injuries due to products and services Prevention of self-harm Prevention of interpersonal violence Prevention of workplace injuries Other, namely:
	If no, why not?	No
	If no, is there any plan to set up a system for sustainable data collection in your country?	Yes No
	Which of the following areas will be covered in your country in the future system for	Safety of children & adolescents

	sustainable injury data collection?	Safety of elderly citizens Safety of vulnerable road users Prevention of sport injuries Prevention of injuries due to products and services Prevention of self-harm Prevention of interpersonal violence Prevention of workplace injuries Other, namely:
	Do you think the Council Recommendation plays a role in the current system for sustainable data collection in your country?	Yes No
	If yes, what is the role? Can you please elaborate?	Open
	If no, why not? Can you please elaborate?	Open
Intensified use of existing data	Has the use of existing data for studies and risk analysis in your country been intensified due to the recommendation?	Yes No
	Can you describe for what the use of data is intensified, due to the recommendation?	Open
	If yes, can you indicate to what degree the use of data is intensified?	Very much Much Little Very little
	If no, why not? Please elaborate.	Open
Sources of injury data collection	What are the sources of the injury data collection in your country for each of the following priority areas? *Safety of children & adolescents,* *Safety of elderly citizens,* *Safety of vulnerable road users,* *Prevention of sport injuries,* *Prevention of injuries due to products and services,* *Prevention of self-harm,* *Prevention of interpersonal violence,* *Prevention of workplace injuries*	Mortality statistics Hospital discharge registers Health interview surveys Data from emergency departments Surveys in other medical treatments Household surveys Unintentional injury insurance statistics Other sources, namely
	If other sources, can you please elaborate?	Open
	Does your country provide information in a comparable format with harmonized classifications for each of these sources? *Mortality statistics* *Hospital discharge registers* *Health interview surveys* *Data from emergency departments* *Surveys in other medical treatments* *Household surveys* *Unintentional injury insurance statistics* *Other sources, namely*	Key characteristics of patients Diagnoses External causes of injuries Place of occurrence Involved activities Involved products and services

	Is there any improvement in your country on the sources and classifications of injury data collection on the different priority areas due to the recommendation?	Yes No
	If yes, what kind of improvements?	Open
	If yes, can you indicate to what degree there are improvements in your country on the sources and classifications on the different priority areas due to the recommendation?	Very much Much Little Very little
	If there are no improvements due to the recommendation, can you please elaborate why not?	Open
Additional indicators	Are there any additional indicators for assessing the burden of injuries in your country?	Yes No
	If yes, what are these additional indicators?	Medical costs Disabilities Absenteeism/ lost productivity Other namely:
Additional remarks	Do you have any additional remarks on the injury surveillance system in your country or on this questionnaire? Please elaborate.	Open
Personal information	Which country do you work for?	Open
	In what kind of organisation do you work?	*Governmental* -National government -Local government *Non governmental* -Public health organisation -Research organisation -Educational organisation -Voluntary sector organisation Other namely:
	What's your main profession?	Researcher Policy maker Teacher Advisor or consultant Manager Injury prevention practitioner Other namely:
	It is possible that we have some additional questions for your country in response to this questionnaire. Can you please let us know how and when we can reach you?	Open

This is the end of the questionnaire. Thank you very much for your response!

Annex 4: Questionnaire good practice implementation

Dear colleague,

This is the start of the APIPS questionnaire. The APIPS questionnaire aims to get insight in the state of play of the **good practice implementation** of the injury prevention and promotion of safety in your country **since 1 January 2009** (last update from WHO[148]). Completing this questionnaire will take about twenty minutes.

You can start the questionnaire by entering your e-mail address. It's possible to leave the questionnaire and to return to your latest version by using the link again and entering your e-mail address.

Thank you in advance for participating in this survey.

Theme	*Question*	*Answering options*
Good practice guidelines	Are there good practice guidelines developed in your country for the following priority areas? *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services*[149] *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:* *Good practice guidelines: advices for practice, based on the best available methods or techniques that have consistently shown results superior to those achieved with other means.*	Yes No
	If yes, what kind of good practice guidelines? Could you please provide examples for the selected priority areas? *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	Open
	If no, can you please elaborate for the selected priority areas why not? *Safety of children & adolescents* *Safety of elderly citizens*	Open

[148] http://ec.europa.eu/health/healthy_environments/docs/injuries_who_en.pdf

[149] Safety of products and services relates to health and physical integrity of consumers.

	Safety of vulnerable road users *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	
	Do you think the Council Recommendation plays a role in developing these good practice guidelines?	Yes No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Safety targets	Have safety targets been defined for the following priority areas in your country? *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	Yes No
	If no, can you please elaborate for the selected priority areas why not? *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	Open
	If yes, what kind of safety targets? Could you please provide examples for the selected priority areas? *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	Open
	Do you think the Council Recommendation plays a role in these safety targets?	Yes No

	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Development sustainable good practice	Have good practice based programmes been developed for sustainable injury prevention and promotion of safety in your country? *Sustainable injury prevention means an ongoing programme for injury prevention that can be maintained in the future.*	Yes No
	If no why not?	Open
	If yes, what kind of programmes? Can you give examples?	Open
	Do you think the Council Recommendation plays a role in this development?	Yes No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Implementation sustainable good practice	Have good practice based programmes been implemented for sustainable injury prevention and promotion of safety in your country?	Yes No
	If no, why not?	Lack of resources Lack of political support Other namely:
	If yes, what are these implementations of good practice based programmes? Can you give examples?	Open
	Do you think the Council Recommendation plays a role in this implementation?	Yes No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Campaigns	Have campaigns on selected important aspects of safety for informing target groups been executed in your country?	Yes No
	If no, why not?	Open
	If yes, what kind of campaigns? Can you give examples?	Open
	Do you think the Council Recommendation plays a role in executing these campaigns?	Yes No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Additional remarks	Do you have any additional remarks on the good practice implementation of prevention of injury and promotion of safety in your country or on this questionnaire? Please elaborate.	Open
Additional question cost effectiveness	To your knowledge, are there programmes implemented that are proven cost effective for the following priority areas in your country: *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm*	Yes No

	Prevention of interpersonal violence *Prevention of workplace injuries* *Other, namely:*	
	If yes, what kind of cost effective programmes? Could you please provide examples for the selected priority areas, including published references ? *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	Open
	If no, can you please elaborate for the selected priority areas why not? *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	Open
Personal information	Which country do you work for?	All countries
	In what kind of organisation do you work?	*Governmental* -National government -Local government *Non governmental* -Public health organisation -Research organisation -Educational organisation -Voluntary sector organisation Other namely:
	What's your main profession?	Researcher Policy maker Teacher Advisor or consultant Manager Injury prevention practitioner Other namely:
	It is possible that we have some additional questions for your country in response to this questionnaire. Can you please let us know how and when we can reach you?	Open

Annex 5: Questionnaire National policy development

Dear colleague,

This is the start of the APIPS questionnaire. The APIPS questionnaire aims to get insight into the state of play of **policy development** in injury prevention and safety promotion, in your country **since 1 January 2009** (last update from WHO[150]). By policy on violence and injury prevention we mean a document that sets out the main principles and defines goals, objectives, prioritized actions and coordination mechanisms, for preventing intentional and unintentional injuries and reducing their health consequences (Schopper et al, 2006)[151].

Completing this questionnaire will take about an hour, depending on the situation in your country. You can start the questionnaire by entering your e-mail address. It's possible to leave the questionnaire and to return to your latest version by using the link again and entering your e-mail address. However, this is not possible anymore when you completed the questionnaire.

Thank you in advance for participating in this survey.

Theme	*Question*	*Answering options*
Interdepartmental coordination group	Is there an interdepartmental coordination group established in your country, which is responsible for the overall coordination of injury prevention and safety promotion? *With injuries we mean both intentional as unintentional injuries* *Definition interdepartmental coordination group: committee operating on national level consisting of more than one department with a formal coordinating role in the area of injury prevention and safety promotion.*	Yes No
	If no, can you explain why not	Open
	If yes, what is (are) the specific objective(s) of this interdepartmental coordination group in your country?	Open
	Which departments, ministries and/or institutions are involved in this interdepartmental coordination group?	Open
	If yes, which ministry holds the secretariat?	Open
	If yes, to what degree is this interdepartmental coordination group cooperating actively in the international network?	High Medium Low
	Is there a budget for this interdepartmental coordination group?	Yes, enough budget Yes, but not enough budget No
	What is the frequency of the meetings of this	No meetings or less than 1 x

[150] http://ec.europa.eu/health/healthy_environments/docs/injuries_who_en.pdf

[151] Schopper D, Lormand JD, Waxweiler R (2006). Developing policies to prevent injuries and violence; guidelines for policy-makers and planners. WHO, Geneva.

	interdepartmental coordination group on injury prevention and safety promotion?	per year 1-2 x per year 3-4 x per year more than 4 x per year
	Do you think the Council Recommendation played a role in establishing this interdepartmental coordination group?	Yes No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
National focal point	Does your country have a national focal point, which is responsible for injury prevention and safety promotion? *Definition national focal point: an official, government department or organisation nominated by the Ministry of Health (or other Ministry) to serve as the point of contact for and coordination of injury prevention and safety promotion.*	Yes one national focal point Yes more then one national focal point No
	If no, why not?	Open
	If yes, which official, government department or organisations are involved in this national focal point?	Open
	If yes, what are the specific objectives of this national focal point in your country?	Open
	If yes, is there a budget available for this national focal point in your country?	Yes No
	Is this budget enough to carry out the specific objectives of this national focal point?	Yes No
	If no, why not, please specify	Open
	To what degree is the national focal point cooperating actively in the international network?	High Medium Low
	Do you think the Council Recommendation plays a role in establishing the national focal point?	Yes No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Policy documents on overall coordination	Are there policy documents relating to the overall coordination of injury prevention and safety promotion available in your country? *Policy: a document that sets out the main principles and defines goals, objectives, prioritized actions and coordination mechanisms, for preventing intentional and unintentional injuries and reducing their health consequences (Schopper et al, 2006).*	Yes No
	If no, why not?	Open
	If yes, please specify the title and provide a web link if possible.	Open
	Do you think the Council Recommendation	Yes

	played a role in the availability of these policy documents?	No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Policy documents on priority areas	Are there policy documents available in your country for the following priority areas? *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services*[152] *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other* *Policy: a document that sets out the main principles and defines goals, objectives, prioritized actions and coordination mechanisms, for preventing intentional and unintentional injuries and reducing their health consequences (Schopper et al, 2006).*	Yes No
	Please specify the title and provide a web link if possible for the following priority areas. *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	Open
	If no, why not? Please elaborate for each of the following priority areas: *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	Open
	Do you think the Council Recommendation played a role in the availability of these policy documents?	Yes No
	If yes, what is the role?	Open

[152] Safety of products and services relates to health and physical integrity of consumers.

	If no, why not? Please elaborate:	Open
Policy on gender and vulnerable groups	Are there any policies for gender and vulnerable groups on injury prevention and safety promotion in your country? *Definition vulnerable groups: Vulnerable groups are considered to be those most at risk for injuries for example, children, older people and adolescent road users.* *Policy: a document that sets out the main principles and defines goals, objectives, prioritized actions and coordination mechanisms, for preventing intentional and unintentional injuries and reducing their health consequences (Schopper et al, 2006)* [153]*.*	Gender Vulnerable groups Gender and vulnerable groups Neither
	If no, why not?	Open
	If yes, could you please provide a short description on the policies for gender on injury prevention and safety promotion in your country?	Open
	If yes, could you please provide a short description on the policies for vulnerable groups on injury prevention and safety promotion in your country?	Open
	Do you think the Council Recommendation plays a role in the realization of these policies?	Yes No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Availability of evidence based programmes	Are evidence based programmes for the following priority areas available in your country? *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other* *Evidence based programmes: programmes that are found to be effective based on the results of rigorous assessement.*	Yes No
	If yes, what kind of evidence based programmes? *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and*	Open

[153] Schopper D, Lormand JD, Waxweiler R (2006). Developing policies to prevent injuries and violence; guidelines for policy-makers and planners. WHO, Geneva.

	services *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	
	If no why not? *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	Open
	Do you think the Council Recommendation plays a role in the availability of these programmes?	Yes No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Use of evidence based programmes	Are these available evidence based programmes being used in your country for the following priority areas? *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	Yes No
	If no, why not? Please elaborate for each of the following priority areas: *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries* *Prevention of injuries due to products and services* *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	Open
	If yes, which evidence based programmes? Please elaborate for each of the following priority areas: *Safety of children & adolescents* *Safety of elderly citizens* *Safety of vulnerable road users* *Prevention of sport injuries*	Open

	Prevention of injuries due to products and services *Prevention of self-harm* *Prevention of interpersonal violence* *Prevention of workplace injuries* *Other, namely:*	
	Do you think the Council Recommendation plays a role in the use of these programmes?	Yes No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Injury surveillance	Is there an injury surveillance system available in your country?	Yes No
	If no why not? Please elaborate:	Open
	Does this injury surveillance have influence on policies concerning the prevention of injuries and the promotion of safety?	Yes No
	If yes, what is this influence?	Open
	If no why not? Please elaborate	Open
	Do you think the Council Recommendation plays a role on this police development?	Yes No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Monitoring progress implementation of policy	Are you monitoring the progress of the implementation of the national policy on injury prevention and safety promotion in your country? *Definition monitoring: Monitoring is the routine recording of data. Both outputs and outcomes can be monitored.*	Yes No
	If no, why not?	Open
	If yes, please describe	Open
	Do you think the Council Recommendation plays a role in monitoring of the progress of the implementation of policy on injury prevention and safety promotion in your country?	Yes No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Funding opportunities	Have funding opportunities increased for injury prevention and safety promotion in your country in the following areas? *Injury surveillance* *Development of interventions or programmes* *Research on effectiveness of interventions and programmes* *Implementation of evidence based interventions or programmes* *Implementation of policies* *Coordination* *Other, namely:*	Yes No
	If no, why not?	Open
	Do you think the Council Recommendation	Yes

	plays a role in the increase of funding opportunities?	No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Vocational training programmes	Has injury prevention and safety promotion been introduced in the vocational training programmes of the health sector in your country? *Vocational training: required training or qualifications specific for the work remit on injury prevention and promotion of safety.*	Yes No
	Has injury prevention and safety promotion been introduced in the vocational training programmes of other sectors in your country?	Yes No
	If yes, in what kind of other sectors?	Open
	If yes, to whom in injury prevention and safety promotion are these programmes available?	Policy makers Coordinators Students of public health schools, nursing or medicine Medical personnel Injury prevention practitioners Data collectors or researchers Other, namely
	Do you think the Council Recommendation plays a role in this introduction?	Yes No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Integration in school curricula	Are there policy initiatives to integrate injury prevention and safety promotion in school curricula of primary and secondary schools? *Definition school curricula: the courses and lessons delivered in schools*	Yes in primary schools Yes in secondary schools Yes in both primary and secondary schools No
	If no, why not?	Open
	If yes, could you please list which of the following areas of injury prevention and safety promotion are already included in school curricula	Safety of children & adolescents Safety of elderly citizens Safety of vulnerable road users Prevention of sport injuries Prevention of injuries due to products and services* Prevention of self-harm Prevention of interpersonal violence Prevention of workplace injuries Other, namely:
	Do you think the Council Recommendation plays a role in this integration?	Yes No
	If yes, what is the role?	Open

	If no, why not? Please elaborate:	Open
National conferences and seminars	Have national conferences or seminars on violence and injury prevention and safety promotion been organized in your country?	Yes No
	If no, why not?	Open
	If yes, how many of these national conferences or seminars are organized?	Open
	Have European conferences or seminars on violence and injury prevention and safety promotion been organized in your country?	Yes No
	If yes, please elaborate:	Open
	Do you think the Council Recommendation plays a role in the organizing of these national or European conferences and seminars?	Yes No
	If yes, what is the role?	Open
	If no, why not? Please elaborate:	Open
Additional remarks	Do you have any additional remarks on the policy development on injury prevention and promotion of safety in your country or on this questionnaire? Please elaborate:	Open
Personal information	Which country do you work for?	All countries
	In what kind of organisation do you work?	*Governmental* -National government -Local government *Non governmental* -Public health organisation -Research organisation -Educational organisation -Voluntary sector organisation Other namely:
	What is your main profession?	Researcher Policy maker Teacher Advisor or consultant Manager Injury prevention practitioner Other namely:
	Can you please specify which stakeholders and NGOs you are working with in the field of the prevention of injuries and promotion of safety?	Open
	It is possible that we have some additional questions for your country in response to this questionnaire. Can you please let us know how and when we can reach you?	Open

This is the end of the questionnaire. Thank you very much for your response.

Annex 6: Questionnaire EU added value

Dear colleague,

The APIPS questionnaire aims to get insight into perceived added value on policy development in injury prevention and safety promotion, of the EU Council Recommendation.

The telephone interview is expected to take around 20-30 minutes. Your responses will be anonymous and treated as confidential. A final report on the findings will be submitted to the EU and any quotes used from the interview will not be attributed to you, unless you wish them to be. The data will not be passed on to anyone outside of the team and European Commission officials or used for any other purpose.

Name of:

EU Country…….

Commission DG.....

EU Agency.....

Organisation (such as NGO/European stakeholder/International body).....

Theme	***Question***	***Answering options***
Sharing of injury data	1a. Has your country/DG/agency/organisation shared **<u>injury data</u>** with others (including stakeholders, European countries, Commission services, international bodies such as WHO)? If yes, please describe how the data was shared *Injury data: Database, Events, Working Group, Conference, Newsletter, Published reports, Good practice, Other* If no, can you explain why not	-Yes -No -Not relevant
	1b. Has your country/DG/agency/organisation been involved in any EC initiatives looking at making *binding* arrangements for EU injury data sharing? If yes, please explain how? If no, are you aware of any EC initiatives making EU injury data sharing *binding*?	-Yes -No -Not relevant
	1. 1c. Has your country/DG/agency/organisation been involved in any EC initiatives aimed at improving injury data collection? If yes, in what way was the improvement of	-Yes -No -Not relevant **Prompts**: a Joint Action, an EC project, a specific contract, other initiative

	data collection initiated by the EC? If yes, which of the priority areas does it cover?	initiated by the EC, please specify -Safety of children & adolescents -Safety of elderly citizens -Safety of vulnerable road users -Prevention of sport injuries -Prevention of injuries due to products and services -Prevention of self-harm -Prevention of interpersonal violence -Prevention of workplace injuries -Other
	1d. How has the availability of EU wide injury data informed the development, if at all, of the following practices relating to injury prevention within your country/DG/agency/organisation? The interviewer will read the options out one at a time.	-Development of guidelines -Development of recommendations -Improved policy decisions -Improved targeting -Legislation -Safety promotion campaigns -Other
	1e. How would you rate the quality, overall, of the available EU wide injury data?	Please answer on a scale of 1-5 (from 1: very poor to 5: very good)
Sharing of good practices	2a. Does your country/DG/agency/organisation disseminate good practice on injury prevention within the European community? If yes, please cite how? If yes**,** please specify on which priority areas in particular? If no, please explain why not?	-Yes -No -Not relevant **Prompts:** Database, Events, Working Group, Conference, Newsletter, Published reports, Other -Safety of children & adolescents -Safety of elderly citizens -Safety of vulnerable road users -Prevention of sport injuries -Prevention of injuries due to products and services -Prevention of self-harm -Prevention of interpersonal violence -Prevention of workplace injuries -Other
	2b. Please describe, if applicable, examples of	**Prompts:** Database, Events,

	how other EU countries have shared good practice with you? In which of the priority areas?	Working Group, Conference, Newsletter, Published reports, Other -Safety of children & adolescents -Safety of elderly citizens -Safety of vulnerable road users -Prevention of sport injuries -Prevention of injuries due to products and services -Prevention of self-harm -Prevention of interpersonal violence -Prevention of workplace injuries -Other
	2c. Do you think the sharing of good practice on injury prevention across the EU has improved/worsened/ or stayed about the same since 2007? If improved or worsened, please explain how? Please explain in which priority area specific.	-Improved -Worsened -Stayed about the same **Prompts:** Database, Events, Working Group, Conference, Newsletter, Published reports, Other -Safety of children & adolescents -Safety of elderly citizens -Safety of vulnerable road users -Prevention of sport injuries -Prevention of injuries due to products and services -Prevention of self-harm -Prevention of interpersonal violence -Prevention of workplace injuries -Other
	2d. Has your country/DG/agency/organisation been represented at any of the following: -EC meetings -Working groups -Conferences a.2010 World Conference b.European-Conference Budapest -Other events on the exchange of knowledge on injury prevention (Please describe)	-Yes -No -Not relevant
	2e. What impact would you say the sharing of good practice has had on your country/DG/agency/organisation?	-Policy decisions -Internal briefings -External briefings -Meetings

		-Working parties -Funding -Other
Professionals and Injury Prevention knowledge	3a. Has injury prevention knowledge become included as a subject in the training of health professionals such as nurses and doctors in your country? If yes, please explain when and where this happens. If no, please could you say why you think this hasn't happened? Is injury prevention knowledge an optional subject? Please explain where this option occurs.	-Yes -No -Not relevant
	3b. Is injury prevention knowledge a compulsory subject in the training of other professionals such as school teachers in your country? If yes, please explain when and where this happens If no, please could you think this hasn't happened? Is injury prevention knowledge an optional subject? Please explain where this option occurs.	-Yes -No -Not relevant
	3c. Are you aware of any increases in injury prevention being included in your nation's school curriculum? If so, please state how If not, please state why not	-Yes -No -Not relevant
	3d. **(IF APPLICABLE):** What impact, if any, do you think that the inclusion of injury prevention knowledge in professional training courses has had on your country/DG/agency/organisation?	Open
European Commission priority areas for injury prevention:	4a. If possible please state what actions your country/DG/agency/organisation has facilitated in any of the eight following priority areas? The interviewer will read the options out one at a time	-Safety of children & adolescents -Safety of elderly citizens -Safety of vulnerable road users -Prevention of sport injuries -Prevention of injuries due to products and services -Prevention of self-harm -Prevention of interpersonal

		violence -Prevention of workplace injuries -Other -No action
	4b. In what way did your country/DG/agency/organisation support those actions? E.g. through funding or providing speakers at conferences etc.	-Provided funding -Through a speaker at an international conference -Other -No support
	4c. **ONLY ASK IF NO ACTIONS FACILITATED**: Please could you say what the barriers to doing so were.	
	4d. Are you aware of any other EC policies or activities aimed at understanding the challenges of reducing injuries in the eight priority areas? If yes, on which priority areas in particular? If no, can you explain why not?	-Yes -No -Not relevant -Safety of children & adolescents -Safety of elderly citizens -Safety of vulnerable road users -Prevention of sport injuries -Prevention of injuries due to products and services -Prevention of self-harm -Prevention of interpersonal violence -Prevention of workplace injuries -Other
	4e. Have any community based actions (locally delivered projects) on reducing injuries in the priority areas been funded by any other EC services? If yes, please state how for the different areas If no, can you explain why not?	-Yes -No -Not relevant -Safety of children & adolescents -Safety of elderly citizens -Safety of vulnerable road users -Prevention of sport injuries -Prevention of injuries due to products and services -Prevention of self-harm -Prevention of interpersonal violence -Prevention of workplace injuries -Other
	4f. Is your country/DG/agency/organisation involved in any organised network groups specifically looking at reducing injuries in the priority areas?	-Yes -No -Not relevant -Safety of children &

	If yes, please state how for the different priority areas If no, can you explain why not?	adolescents -Safety of elderly citizens -Safety of vulnerable road users -Prevention of sport injuries -Prevention of injuries due to products and services -Prevention of self-harm -Prevention of interpersonal violence -Prevention of workplace injuries -Other
2007 Council Recommendation for injury prevention and safety promotion:	5a. Do you know if the 2007 Council Recommendation for injury prevention and safety promotion has been referenced in any of your country's/ DG's/ agency's/ organisation's strategy documents? If yes, in which of the priority areas has reference been made? If no, can you explain why not?	-Yes -No -Not relevant -Safety of children & adolescents -Safety of elderly citizens -Safety of vulnerable road users -Prevention of sport injuries -Prevention of injuries due to products and services -Prevention of self-harm -Prevention of interpersonal violence -Prevention of workplace injuries -Other
	5b. As far as you are aware, has the 2007 Recommendation resulted in any new training opportunities for experts within your country/office or organisation? In which priority area(s)? If yes, please describe. If no, please specify why not	-Yes -No -Not relevant
	5c. How do you think the 2007 recommendation has contributed, if at all, to joint commitment across departments at EU level to tackle the causes of injuries?	Open
Injury prevention awareness	6a. Are you aware of any changes in awareness of injury prevention work across disciplines or departments? If yes, please give examples	-Yes -No -Not relevant -Extended partnership working -Different injuries areas being tackled in one programme. -Others

	If no, please specify why not	
	6b. How important do you feel that the EU co-ordination and communication of injury data has been in understanding the impact of injuries on society?	Please answer on a scale of 1-5 (from 1: Not at all important to 5: Very important)
	6c. And finally, on understanding the impact of injuries on the economy?	Please answer on a scale of 1-5 (from 1: Not at all important to 5: Very important)

This is the end of the interview, do you have any other comments or questions you would like to make? Thank you very much for your time and co-operation.

ANNEX 7: COUNTRY REPORTS

For 30 European countries a country report is available. The country reports are part of the final report of the APIPS project. The objectives at country level are:

- To have an overview of the state of play on injury prevention and promotion of safety related to the implementation of the 2007 Council Recommendation in the country;
- To compare the situation of the country to the average of the other European countries.

Each report contains an introduction, a list of results (chapter 2), Conclusions (chapter 3), the list of consulted contact persons (Annex 1) and the list of country tables (Annex 2).

The authors of each country report are: Goof Buijs, Katja van de Laar, Ting Li, July 2012.

Below is the list in alphabetical order of available country reports:

1. Austria
2. Belgium
3. Bulgaria
4. Croatia
5. Cyprus
6. Czech Republic
7. Denmark
8. Finland
9. Former Yugoslav Republic of Macedonia
10. Germany
11. Greece
12. Hungary
13. Iceland
14. Ireland
15. Italy
16. Latvia
17. Lithuania

18. Luxembourg
19. Malta
20. Montenegro
21. The Netherlands
22. Norway
23. Poland
24. Portugal
25. Romania
26. Slovakia
27. Slovenia
28. Spain
29. Sweden
30. United Kingdom

Annex 8: List of definitions and abbreviations

In the APIPS project the following definitions were used and communicated to the resource persons in the questionnaires.

Comprehensive data report: A comprehensive data report on injuries is defined as a report with key figures of the main unintentional and intentional injury domains, injury outcomes in which most of the priority areas are identified, as well as injuries at various levels of severity.

Sustainable data collection: Sustainability based injury data collection is defined as an ongoing national surveillance system of medically treated injuries based on data from the health sector.

Good practices guidelines: Good practices guidelines are defined as advice for practice, based on the best available methods or techniques that have consistently shown results superior to those achieved with other means.

Safety targets: Safety targets are key indicators set to measure progress on the delivery of prevention programmes.
Sustainable good practices: Sustainable good practices mean an ongoing programme for injury prevention that can be maintained in the future.

Interdepartmental coordination group: An interdepartmental coordination group is defined as a committee operating at national level consisting of more than one department with a formal coordination role.

National focal point: A national focal point is defined as an official, government, department or organisation nominated by the ministry of health (or other ministries) to serve as the point of contact for and coordination of injury prevention and safety promotion.

In the APIPS project the following abbreviations were used:

AdRisk	EU Project "Community Action on Adolescents and Injury Risk"
ANEC	European Association for the Co-ordination of Consumer Representation in Standardization
APIPS	Assessment of Prevention of Injuries and Promotion of Safety
Apollo	EU Project "Strategies and best practices for the reduction of injuries"
CEHAPE	Children's Environment and Health Action Plan for Europe
Council Recommendation	2007 Council Recommendation on the prevention of injury and the promotion of safety
DG Sanco	Directorate General for Health and Consumers
EU-27	The 27 Member States of the European Union
EUNESE	EU Project "The European Network for Safety among Elderly"
EuroSafe	European Association for Injury Prevention and Safety Promotion (umbrella organization of national bodies for injury prevention)
IDB	Injury Data Base (injury data from emergency departments) hosted by DG SANCO
JAMIE	EU Joint action for monitoring injuries in Europe
PHASE	EU Project "Public Health Action on Safety in Europe"
SafeStrat	EU Project "Implementation of the European Strategy for Injury Prevention and Safety Promotion"
TACTICS	EU Project "Tools to address childhood trauma, injuries, and children's safety"
ToR	Terms of Reference
WHO EURO	World Health Organisation (WHO)-Office for the European Region
Working party	Working party of governmental experts on accidents and injuries (contact group of DG Sanco C4)