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Foreword

We are pleased to share highlights of the World Health Organization's (WHO's) work to prevent violence and injuries and improve the quality of life for people with disabilities. Across the 2010-2011 biennium, there have been a number of milestone achievements. These included launches of the Decade of Action for Road Safety 2011-2020 and the first *World report on disability*. During the two-year period, WHO provided guidance to countries on issues as varied as intimate partner and sexual violence, mobile phone use, and community-based rehabilitation. Successes were documented in areas such as caring for the injured and preventing and treating burns. Direct assistance was given to ministries of health and others in a number of countries. Great progress was also made in terms of providing ways to build knowledge and skills through webinars and short courses. As WHO moves from giving normative guidance to countries to developing model programmes to inspire them and others, we must recognize that our work would not be possible without the dedication of ministries and their partners as well as our staff in offices around the world. For their vision and commitment, we are grateful.



Dr Etienne Krug

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Introduction

The need to address violence, injuries and disability as major public health concerns is a concept which is still relatively new to many governments. For more than a decade, WHO has worked to gather the best available scientific evidence on these issues to assist governments to get them higher on the public health agenda. In order to support development of model programmes in countries, WHO follows a strategic approach. It documents those interventions which are successful and monitors progress. It also provides direct technical assistance to ministries of health and others as they put in place measures to respond to these challenges. A vital ingredient to the success of their efforts is the building of human resources. In this regard, WHO also offers a range of tools for developing the capacities of researchers and practitioners from health and other sectors. Through the networks WHO manages at global level, national governments and their partners are involved also in many of the global collaborations focused on violence, road traffic injuries and disability. This biennial report reviews some of the highlights of WHO's work in these areas during the period 2010-2011.



Increasing visibility

More and more, violence, injuries and disability are recognized as important public health concerns, and ones in need of urgent attention. Violence and injuries take the lives of more than 5.1 million people around the world each year, and cost societies billions of dollars annually. More than 1 billion people – about 15% of the world's population - live with some form of disability. Still, despite the impact these issues have on the health and well-being of people around the world, there is work to be done in terms of elevating them on the public health agenda. Several initiatives during the biennium have helped to raise their profile.

Decade of Action for Road Safety 2011-2020

The Decade of Action for Road Safety 2011-2020 was launched to great fanfare on 11 May 2011 in more than 100 countries around the world. Mandated by the United Nations General Assembly, the Decade seeks to save five million lives and prevent 50 million serious injuries. A Global Plan calls for action on: road safety management, safer roads and mobility, safer vehicles, safer road users, and post-crash response. It also presents a framework for monitoring and evaluating the achievements of the Decade in countries. In the context of the launch, dozens of the 400 registered launch events featured Presidents and Prime Ministers, from Indonesia to Mexico and Sri Lanka to the United Kingdom. Of the high-level national events, many served as opportunities to issue concrete action plans for the Decade and announce new road safety legislation. The Decade is an unprecedented opportunity to rally the support of countries towards improved safety on their roads. Visit: http://www.who.int/roadsafety/decade_of_action/en/index.html



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World report on disability

On 9 June 2011 WHO and the World Bank launched the first *World report on disability*. Developed with the support of 380 experts worldwide, this seminal publication reveals that of the more than one billion people in the world who are disabled, 110-190 million encounter significant difficulties in their daily lives. A lack of attention to their needs means that they are confronted with barriers at every turn: stigma and discrimination; lack of adequate health care and rehabilitation services; and inaccessible transport, buildings and information. The report recommends that governments and their partners provide people with disabilities access to all mainstream services, invest in specific programmes for those in need, and adopt a national disability strategy and plan of action. The report, which has been the focus of more than 30 national policy discussions since its global launch, makes a significant contribution to implementation

of the Convention on the Rights of Persons with Disabilities. Visit: http://www.who.int/disabilities/world_report/2011/report/en/index.html

5th Milestones in a Global Campaign for Violence Prevention Meeting

On 6-7 September 2011 in Cape Town, South Africa, nearly 300 violence prevention experts from over 60 countries convened to discuss progress and future directions for WHO's Global Campaign for Violence Prevention. The meeting was hosted by WHO, the Ministry of Health of South Africa, and the Provincial Government of the Western Cape. Keynote addresses focused on violence prevention in South Africa, including concerted drives to reduce access to and the harmful use of alcohol, a leading risk for all forms of violence. Other sessions addressed child maltreatment, youth violence, and intimate partner and sexual violence; explorations of the role of civil society in advancing violence prevention; and an overview of major international initiatives to prevent violence. Key stakeholders committed to supporting development of a global status report on violence prevention and to identifying national targets towards which violence prevention efforts can be directed. Visit: http://www.who.int/violence_injury_prevention/violence/5th_milestones_meeting/en/index.html

UNITED NATIONS GENERAL ASSEMBLY AND WORLD HEALTH ASSEMBLY RESOLUTIONS:

A number of resolutions adopted by the United Nations General Assembly, the World Health Assembly and other relevant bodies have also done much to draw attention to violence, injuries and disability during the biennium. These include:

- United Nations General Assembly resolution on "High-level Meeting of the General Assembly on the Realization of the Millennium Development Goals and Other Internationally Agreed Development Goals for Persons with Disabilities", November 2011
- Pan American Health Organization's 51st Directing Council resolution on "Plan of action on road safety", September 2011
- 64th World Health Assembly resolution on "Child injury prevention", May 2011
- United Nations General Assembly resolution on "Realizing the Millennium Development Goals for persons with disabilities towards 2015 and beyond", February 2011
- WHO Regional Committee for South-East Asia resolution on "Injury prevention and safety promotion", September 2010
- 63rd World Health Assembly resolution on "Strategies to reduce the harmful use of alcohol", May 2010
- United Nations General Assembly resolution on "Improving global road safety", March 2010

Providing technical guidance

WHO helps Member States to develop science-based approaches to preventing violence and injuries and improving services for victims and survivors as well as people with disabilities. It does so by reviewing the latest scientific information from around the world and drawing on this to provide guidance to countries on what works. With the support of experts from all regions, WHO released several key normative documents during the biennium.

Data systems: a road safety manual for decision-makers and practitioners

This fifth in a series of “how to” manuals jointly prepared by the FIA Foundation, the Global Road Safety Partnership, the World Bank and WHO focuses on data systems for road safety. It provides practical guidance for improving, establishing or linking data systems that will enhance measurement of a country’s road traffic injury problem and allow for better monitoring of progress. While stressing the importance of comprehensive data systems, the manual acknowledges that many countries are struggling simply to establish good quality systems to document deaths and injuries. A minimum data set and accompanying definitions for a road safety database are proposed. Visit: <http://www.who.int/roadsafety/publications/en/>

Mobile phone use: a growing problem of driver distraction

Distracted driving is a serious and growing threat to safety on the roads. With more people owning mobile phones, and the rapid introduction of new “in-vehicle” communication systems, this problem is likely to escalate. This report focuses on the use of mobile phones while driving as one example of the broader problem of driver distraction. Evidence indicates that if a mobile phone is used while driving, the driver is approximately four times more likely to be involved in a crash and that there is little difference in risk between hand-held and hands-free phones. The report recommends establishing systems to collect data; adopting and enforcing legislation; encouraging policies among employers with large fleets; and supporting campaigns to increase public awareness about the risks. Visit: http://www.who.int/violence_injury_prevention/publications/road_traffic/distracted_driving/en/index.html



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Preventing intimate partner and sexual violence against women: taking action and generating evidence

In the context of the 10th World Conference on Injury Prevention and Safety Promotion held in September 2010, WHO released a new manual *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. The manual outlines the nature, magnitude, risks and consequences



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of intimate partner and sexual violence and highlights strategies to prevent it. The manual also presents a six-step framework for planning, implementing and evaluating such prevention policies and programmes. It also emphasizes the importance of integrating scientific evaluation into all prevention activities in order to expand current knowledge of what works. Visit: http://whqlibdoc.who.int/publications/2010/9789241564007_eng.pdf

Community-based rehabilitation (CBR) guidelines

WHO; the International Labour Organization; the United Nations Educational, Scientific and Cultural Organization; and the International Disability and Development Consortium – notably CBM, Handicap International, the Italian Association Amici di Raoul Follereau, Light for the World, the Norwegian Association of Disabled and Sightsavers – released *Community-based rehabilitation guidelines* in October 2010. This new tool provides guidance on how to develop and strengthen CBR programmes; promote CBR as a strategy for community-based development; and support stakeholders to meet the basic needs and enhance the quality of life of people with disabilities and their families. Visit: <http://www.who.int/disabilities/cbr/guidelines/en/index.html>



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Documenting successes

In recent years WHO has endeavored to compile examples of successful interventions from around the world which address a wide variety of health topics. In the violence and injury prevention field, two such issues have been highlighted and compilations of successful strategies to address these challenges have been developed.

Strengthening care for the injured: success stories and lessons learned from around the world

In 2007 the World Health Assembly called upon WHO to raise awareness about ways to strengthen emergency care services. In response WHO collected this set of case studies from countries at all socioeconomic levels and from various stages of hospitalization. The lessons reflected include the willingness to persevere, as many of the improvements took years to implement; the need for attention to detail in particular in planning and organization; the role of health policy in extending upgrades nationwide; and the importance of using advocacy to increase political commitment. The case studies show that enhancements can be made in even the most difficult circumstances, and that even well-resourced environments can benefit from better organization and monitoring of emergency care services. Visit: http://www.who.int/violence_injury_prevention/services/success/en/index.html



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Burn prevention: success stories, lessons learned

Burns are a major global public health problem, with fire-related burns alone accounting for an estimated 195 000 deaths per year. Greater application of burn prevention strategies would go a long way towards lowering the unacceptable burden of death and suffering. Approaches that have been shown to reduce burn rates include installing smoke alarms, lowering hot water heater temperatures, regulating the flammability of clothing, and designing and distributing safe cooking stoves and lamps. This WHO publication provides information on practical, affordable and sustainable burn prevention strategies that have been successful, as well as those which suggest evidence of effectiveness, especially in developing countries. The document also addresses advances in care. Visit: http://www.who.int/violence_injury_prevention/publications/other_injury/burn_success_stories/en/index.html

Monitoring progress

In recent years WHO has produced global status reports on a range of health issues. Over time, these serve as useful tools for measuring progress globally and nationally and catalyzing action.

Global status report on road safety

In 2009 WHO published the *Global status report on road safety*, the first broad assessment of the road safety situation at the global level. The report highlighted that half all road traffic deaths are among “vulnerable road users” – motorcyclists, cyclists and pedestrians; and only 15% of countries have comprehensive legislation on the major risks. By revealing the gaps, the report has stimulated action on improving road safety in a number of countries. During this biennium, WHO led the production of a second such report to be released in late 2012. National data were collected from more than 180 countries on indicators such as the magnitude of the road traffic injury problem; national strategies and targets; the existence of legislation and enforcement on key risks; as well as the availability of emergency medical services. With a number of countries developing action plans for the Decade, this second *Global status report on road safety* will serve as the baseline for monitoring progress made towards achievement of the Decade’s goal. Visit http://www.who.int/violence_injury_prevention/road_safety_status/en/index.html



Supporting country implementation

In the areas of violence, injuries and disability, WHO is currently seeking ways to translate the normative guidance it develops at global level to the development of model programmes at national level. Below are several examples of such initiatives supported during the biennium.

Increasing seat-belt wearing in the Russian Federation



Road traffic crashes continue to pose a high burden on Russian society, with more than 26 000 deaths annually. In order to help the country tackle this problem, the Government of the Russian Federation, through the RS10 Project (see box on page 11), has sought to increase the prevalence of seat-belt wearing among drivers and passengers in Lipetskaya Oblast. WHO has supported the Regional Government to implement a social marketing campaign and strengthen enforcement on seat-belt wearing. In 2010 a series of video and radio

clips were developed under the slogan “Do not break the line of life”. During the 40-day campaign, a decree was issued declaring “A month for road safety” calling for action from all sectors. Police officers increased enforcement issuing 4279 fines in just 40 days, more than the number issued in the preceding 11 months. These dovetailed efforts led to a large increase in seat-belt wearing which moved from 56% for drivers and 46% for passengers in a pre-campaign evaluation conducted in October 2010 to 75% and 70% respectively in December 2011. The campaign is now currently being successfully implemented in Ivanovskaya Oblast.

Supporting child maltreatment prevention in Malawi

Globally, approximately 20% of women and 5–10% of men report being sexually abused as children, while 25–50% of all children report being physically abused. National data on child maltreatment are not available for Malawi, but anecdotal evidence and surveys from neighbouring countries suggest the problem is serious. Based on a 2008 country situation report, the Ministry of Health of Malawi, with support from WHO, has conducted in the past two years the following activities: a national training of trainers course on child maltreatment prevention; convening of two national stakeholders meetings; awareness raising sessions on child maltreatment and its prevention for 150 District Executive Committee members and senior management of the Ministry of Health; a study of the acceptability and feasibility of implementing a parenting programme to prevent child maltreatment in three districts; and planning of a national baseline survey of child maltreatment to be conducted by the United States Centers for Disease Control and Prevention and UNICEF.

Preventing drowning in the Philippines



There are an estimated 388 000 annual drowning deaths worldwide. In the Philippines, the 2003 National Injury Survey determined that the leading cause of injury-related death in children aged 0-17 years is drowning. A 2006 National Policy and Strategic Framework on Child Injury Prevention seeks to address this issue. Since 2010, with the support of WHO, the Government of the Philippines piloted a set of drowning prevention interventions in several regions. These

included the construction of porch barriers and backyard fences in homes built above or near water; the provision of playpens to a number of families; and the covering of open dug wells. First aid training was also conducted to teach skills needed to respond to near drowning incidents. These efforts were closely monitored by the Community Drowning Prevention Committee. While the number of households targeted is not sufficient to detect a decline in drowning, it is apparent that awareness of drowning risks has increased; uptake of barrier construction is good; and caretakers recognize that despite the barriers, constant supervision of young children remains necessary.

Establishing wheelchair repair and maintenance facilities in Guyana

There are an estimated 70 million people worldwide in need of wheelchairs to improve mobility and enable their participation in society. However, only 5-15% of the population who need them actually have access to them. Once made available, new and often expensive wheelchairs are sometimes discarded due to the lack of simple maintenance and repair facilities. Based on the WHO *Guidelines on the provision of manual wheelchairs in less resourced settings*, and with the support of WHO, the Ministry of Health of Guyana set up a wheelchair maintenance and repair facility in Georgetown, and a related wheelchair service delivery programme. Through a series of training workshops, 20 people with disabilities and others have been given the necessary knowledge, skills, tools and equipment needed to repair and maintain wheelchairs across the country. Their efforts will contribute to improving the health and participation of wheelchair users in their society; decreasing costs to individuals and the broader health system; and protecting the environment through the repair and reuse of wheelchairs.

Preventing violence against women and children in Costa Rica, El Salvador and Guatemala

A forthcoming report to be released by WHO's Regional Office for the Americas and the United States Centers for Disease Control and Prevention in 2012 shows that 17-53% of women in Latin America and the Caribbean report experiencing physical or sexual violence by an intimate partner at some point in their lives. The report documents the intergenerational consequences of such violence, highlighting that women exposed to violence in childhood have a higher risk of experiencing intimate partner violence in adulthood. With support from the Open Society Foundations, WHO's Regional Office for

the Americas is supporting the respective governments of these three Central American countries to develop plans for an intensive programme of interventions to prevent violence. The proposed programme will raise awareness about the existing evidence; build the capacity of government and civil society to engage in primary prevention; and strengthen the multi-sectoral coalitions working to address violence against women and children. During the biennium, a training methodology was developed, translated and adapted to the national context. A situational analysis of the three countries' advances in promoting primary prevention was also conducted. Pilot training workshops were held in San José, Costa Rica; Mexico City, Mexico; and El Paso, United States with relevant programme implementers.



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DEVELOPING MODEL PROGRAMMES IN COUNTRIES: THE RS10 PROJECT

In 2010, WHO and a consortium of partners received funding from Bloomberg Philanthropies - in the form of the largest single donation ever granted to the injury prevention field - to promote road safety. The Road Safety in 10 Countries (RS10) Project, conducted in Brazil, Cambodia, China, Egypt, India, Kenya, Mexico, Russian Federation, Turkey and Viet Nam, seeks to save lives by supporting governments and nongovernmental organizations to implement good practices on risks such as drinking and driving, speeding and the non-use of helmets and seat-belts. Partners support a range of activities including reviews of current road safety legislation; advocacy for increased enforcement of new or existing legislation; procurement of equipment like alcohol breathalyzers to support enforcement; conducting of social marketing campaigns to sensitize the public about risky behavior; and training of journalists to enhance their reporting on road safety. In the first two years of the project, Brazil, Cambodia, China, India and Mexico have taken steps towards promulgating new legislation, while Viet Nam has closed loopholes in the existing helmet law to include the use of standardized, properly fastened helmets and riders of all ages. Enforcement of new or existing legislation is

being enhanced in all countries. In Kenya video speed monitoring equipment is allowing the police to document and subsequently fine those who do not follow the speed limits along two major highways. Social marketing campaigns, which dovetail with enhanced enforcement, have been conducted in India, Mexico, Russian Federation, Turkey and Viet Nam. In Egypt, Kenya, Turkey and the Russian Federation journalists have been offered a new way of reporting on road traffic crashes which is more focused on prevention. As these activities begin to demonstrate an impact on saving lives, WHO and partners will be able to build their collection of model programmes which can be replicated in other countries. Visit: http://www.who.int/violence_injury_prevention/road_traffic/countrywork/en/index.html



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Building capacity

Violence, injuries and disability are increasingly recognized as important public health issues. A variety of trained professionals is needed to further work on these topics in countries. To ensure that this is possible, there is a pressing need to enhance knowledge and develop skills. During the biennium, WHO embarked on several new initiatives to support the building of capacities in these areas.

TEACH-VIP E-Learning is an exciting online and CD-ROM-based training resource released by WHO in early 2010. Adapted from TEACH-VIP, a comprehensive violence and injury prevention and control curriculum, this new product, comprised of more than 20 lessons, is self-paced and self-administered.

VIP Webinars is a series of high-quality, interactive lectures widely available through the Internet, and archived for viewing at a later date. Given by experts from around the world, they provide the latest information on a range of topics.

VIP Short Courses offer facilitators everything they need to conduct a short course of two to five days. Each “training in a box” follows the same modular format and contains: a facilitator’s guide; a series of training modules which include PowerPoint presentations and notes for facilitators; and supporting resources such as handouts and case studies.

Visit: http://www.who.int/violence_injury_prevention/capacitybuilding/en/

BUILDING CAPACITIES THROUGH SCIENTIFIC CONFERENCES

During the biennium, several global and regional scientific conferences were held on violence and injury prevention with support from WHO. These conferences serve as a means of sharing the latest data and information from the field and contribute to developing a new cadre of researchers, practitioners and advocates. Such events included:

- **World Drowning Congress** held in Danang, Viet Nam, in May 2011
- **Pan African Burns Society Congress**, held in Cape Town, South Africa, in February 2011
- **10th World Conference on Injury Prevention and Safety Promotion**, held in London, United Kingdom, in September 2010

Strengthening advocacy

To raise greater awareness about the magnitude and consequences of violence, injuries and disability, and emphasize the role of public health in responding to these concerns, WHO continuously seeks to strengthen its advocacy work. Although its primary target audience remains policy-makers worldwide, WHO increasingly endeavors to reach a broader range of audiences through various communications channels.

WHO web sites on “Violence and injury prevention” and “Disabilities and rehabilitation”

In terms of the number of people reached, it is clear that these web sites are the mainstay of WHO's global communications outreach on these health topics. In 2011 alone, nearly 800,000 individuals visited these web sites: an average of nearly 2200 unique daily visitors. The pages for the *Global status report on road safety*, *World report on violence and health*, and *World report on disability* are among the most popular. In 2011 the top ten countries sending visitors were the United States, China, United Kingdom, India, Netherlands, Singapore, Canada, France, Australia and Japan.

Social media

Social media are inexpensive, rapid and reach new audiences. They provide a forum for discussion around particular health issues and foster a sense of community. Since early 2010, WHO has made use of Facebook, Twitter and Wikipedia to promote the Decade and road safety generally. In its first year, followers on Facebook number nearly 3 500, and tweets have reached as many as 300 000 people. At the end of 2011, in conjunction with the global days on the United Nations calendar dedicated to these topics, WHO also initiated use of these social media for its work on violence prevention and disability.



Violence and injuries: the facts

Produced in 2010, this highly visual booklet provides the most up-to-date global data on violence and injuries, their causes and consequences and measures to prevent them. Whether from the public health community or other sectors, readers are often struck by the following key data highlighted in the report:

- Violence and injuries cause more deaths every year than HIV/AIDS, tuberculosis and malaria combined.
- Rates of road traffic crashes, suicide and homicide are set to rise, and may become the fifth, twelfth, and sixteenth leading cause of death respectively by the year 2030.
- Of the top 15 leading causes of death for people ages 15-29 years, seven are injury-related: road traffic injuries, homicide, suicide, drowning, fire-related burns, war-related injuries, and poisoning. Visit http://whqlibdoc.who.int/publications/2010/9789241599375_eng.pdf

Supporting alliances

The multi-faceted nature of violence and injury prevention and disability means that WHO alone cannot successfully address these global challenges. WHO therefore strives to build partnerships with other agencies. While government partners remain first and foremost, several of the informal networks WHO hosts also involve United Nations and other international agencies, civil society, foundations and the private sector.

United Nations Road Safety Collaboration

Coordinated by WHO, the Collaboration is an informal network of governments, United Nations agencies, foundations and private companies. During the biennium members focused largely on preparations for the launch of the Decade; drafting of the latest United Nations Secretary General's report on the road safety crisis; implementation of the series of road safety manuals in countries; fostering the creation of the Global Alliance of NGOs for Road Safety; and furthering the work of project groups, which have been redefined so that they focus on the pillars of the Global Plan for the Decade. In its eight years of existence, the Collaboration has become a recognized leader within the global road safety community. Visit <http://www.who.int/roadsafety>

Violence Prevention Alliance

During the biennium, the Violence Prevention Alliance welcomed 13 new members, among them the International Federation of Red Cross and Red Crescent Societies; Open Society Foundation's Crime and Violence Prevention Initiative; United Nations Special Representative of the Secretary-General on Violence against Children; the World Bank and a number of national organizations from Canada, Germany, South Africa, United Kingdom, and United States. In evidence of its recognized role as convenor, the Alliance now includes many of the major international players in violence

prevention. In 2011, members established additional project groups on a research agenda for global violence prevention, parenting to prevent violence, and violence prevention in weak institutional settings. Visit: <http://www.who.int/violenceprevention>

Global and regional networks on community-based rehabilitation (CBR)

WHO provides support to three regional networks of CBR implementers covering 40 countries in the WHO African Region; 20 countries in the WHO Region of the Americas; and 26 countries in the WHO South-East Asia and WHO Western Pacific Regions. These networks maintain an inventory of CBR programmes in countries, facilitate the sharing of best practices, and promote and support trainings for practitioners. Regional CBR congresses have become a regular feature with an increasing number of participants with each edition. The CBR Africa Network (CAN), for example, is truly Pan-African in nature, with more than 500 participants attending the Congress in 2010. In 2011 the three regional networks formed a global CBR network to further exchange information and experience on designing, implementing and evaluating CBR programmes.

Global network of Ministry of Health focal points for violence and injury prevention

Since 2006, WHO has supported a global network of Ministry of Health focal points tasked with violence and injury prevention. The network facilitates the exchange of ideas and information; keeps members informed of the latest products and tools; and allows for the planning of collaborative activities. The September 2010 Third Global Meeting of Ministry of Health focal points for violence and injury prevention brought together 115 focal points from nearly 90 countries. Plenary presentations showcased how select focal points have defined their roles and made multisectoral collaboration work. Working groups focused on building capacities, improving emergency care services, developing national plans, and enhancing the collection of data. During the biennium, the WHO Regional Office for Europe hosted the sixth meeting of its well-established regional network in Norway, while the WHO Regional Office for Africa hosted its first regional meeting in South Africa.

WHO Collaborating Centres

Designated by the WHO Director-General, 20 academic institutions assigned the status of “WHO Collaborating Centre” support WHO’s work in violence and injury prevention and nine support WHO’s work in disability. WHO Collaborating Centres continue to make significant contributions in particular in the areas of research and capacity development. During the Global Meeting of Heads of WHO Collaborating Centres on Violence and Injury Prevention held in November 2011, a key discussion focused on a draft strategy for WHO’s Department of Violence and Injury Prevention and Disability. Other topics included two new nascent global networks; the use of social media; and the 11th World Conference on Injury Prevention and Safety Promotion to be held in New Zealand in October 2012. On a technical level, some of WHO’s strongest partners are drawn from the network of WHO Collaborating Centres.

Future directions

In the coming years, WHO will continue to focus its efforts on providing normative guidance and supporting translation of this guidance into model country programmes for violence and injury prevention and disability. Several key events will also help maintain visibility to these issues and generate action:

- first CBR World Congress in November 2012;
- second *Global status report on road safety* in December 2012;
- Second United Nations Global Road Safety Week on pedestrian safety in May 2013;
- High-Level Meeting on Disability in September 2013;
- first *Global status report on violence prevention* in 2014.

WHO is also preparing for the launch of two global networks: the Global Alliance for Care of the Injured and the Global Network for Child Injury Prevention. Partnership will remain the key to success in all of these efforts.



Financial contributors

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- Government of Norway
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- Government of Sweden
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