



# MANIFESTO FOR SAFE COMMUNITIES

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Safety – A Universal Concern and  
Responsibility for All

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Sponsored by  
World Health Organization

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## SUMMARY

In Stockholm, Sweden, at the First World Conference on Accident and Injury Prevention, 500 delegates from 50 countries met to discuss the immense injury and accident problem and the need for action. The Stockholm Conference was held in response to the urgent need for promoting accident and injury prevention and to mitigate their consequences on the health of people.

Injuries are one of the major public health problems in the world. Each year, in virtually every country, injury is the number one cause of death among children and young adults. Injuries disproportionately affect socially and economically disadvantaged groups. Worldwide, injuries result in nearly three million deaths and account for one-third of all hospital admissions. Globally, the annual medical, social, and lost productivity costs of workers exceed \$500 billion (US).

Despite the size of the injury problem, most nations do not yet recognize injury prevention as a priority goal. Almost every country needs to increase investment in research and increase support for control programs. Politicians and decision-makers must be made aware of the catastrophic consequences of injuries and of methods to prevent injuries.

Individual, group, and governmental violence is also a part of the injury problem. Assault, abuse, rape, and suicide are important causes of injuries, permanent disabilities, and death.

Equal right to health and safety – a fundamental premise of the World Health Organization's (WHO's) Health for All Strategy and also of the WHO Global Program on Accident Prevention and Injury Control – can be achieved only by reducing injury hazards and by reducing the differences in accidents and injury rates among groups

of different social levels. Accident and injury prevention should be part of every child survival and primary health-care program. Community-level programs for accident and injury prevention – “Safe Community” programs – are key to reducing and preventing injuries. In both developing and developed countries, wherever the community has participated, prevention programs have led to Safe Communities.

Those involved in programs to prevent and control injuries and accidents must first identify and characterize the injury problem and evaluate which groups are most vulnerable. Accident and injury prevention programs must then focus on the vulnerable groups that usually include children, the elderly, and the disadvantaged. At regular intervals, program staff should carefully evaluate the effectiveness of any interventions efforts they implement. As part of its national health plan, each government should formulate a policy and a plan of action to launch and sustain accident and injury control programs. Governments should strengthen any existing community action programs and coordinate the work of health and safety agencies, social and economic authorities, professional and voluntary organizations, private industry, and the news media. Accident and injury prevention programs must be expanded in agriculture, industry, education, housing, leisure, public works. Governments should create environments supportive of injury prevention by reducing the hazards associated with modern amenities, such as motorized transport and manufactured products. In other words, safety should be a normal component of policies and programs for sustainable development.

Others, too, must undertake important tasks to foster the development of Safe Communities. The communications media should assist in educating the public and in interpreting complex policy issues on safety. Educational institutions must initiate programs to train people to work in the field of accident and injury control. International bodies must establish and strengthen networks of researchers and program managers who will train, disseminate information and share technology.

Only through concerted multisectoral efforts involving international organizations, national and local governments, and private and nonprofit educational, social, and economic groups can accidents and injuries be prevented and controlled. Such efforts are needed to ensure a safe community for all citizens.

# FIRST WORLD CONFERENCE ON ACCIDENT AND INJURY PREVENTION

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During the First World Conference on Accident and Injury Prevention, two preconferences, and six postconference meetings, researchers and practitioners in the fields of biomechanics, community action and evaluation, occupational injury prevention, injury prevention among the elderly, child injury prevention, and dental injury prevention discussed aspects of injury prevention and control. Posters and papers presented at the conference covered the following themes:

- Involving People and the Community
- Strategies for Accident and Injury Prevention on the Local, Regional, National, and International Levels
- Promoting Intersectoral Infrastructures for Cooperation
- Involving the Health Sector
- Involving the Environmental, Safety, and Design Sectors
- The Roles of the Insurance Sector and Industry
- Cultural and Socioeconomic Determinants of Injury Causation: Poverty, Underdevelopment, and Safety
- Environmental Control and Product Safety
- The Role of Health Education and the Mass Media

## DEFINITION OF TERMS

We use the terms accident and injury because we speak many different languages and each country has its own historical and cultural contexts. To reach agreement on the common use of terms, we must clarify our terms and eliminate counterproductive connotations.

An "accident" is an event that results or could result in an injury. One unfortunate connotation of accident is that such an event and its outcomes are unpredictable or random and, therefore, uncontrollable.



ble or not preventable. We believe that the determinants of these events can be studied and understood and that this new understanding can be used to prevent accidents. For a program of injury control to succeed, everyone must have a sense of the predictability and the preventability of accidents.

Our use of the word injury implies that we are interested in injury or only in events that result in an injury. We emphasize that accident and injury prevention includes even those events that could, but do not always, lead to injuries. In addition, the term injury here includes not solely biological or physical injuries but also adverse psychological and social consequences.

Besides preventing injuries, accident and injury prevention programs include strategies to improve the care for acutely injured persons and to conduct rehabilitation programs. Injuries are the result of events and behaviors that have environmental, biological, and behavioral determinants that can often be reduced or eliminated.

### **SITUATION ANALYSIS**

Worldwide, injury is a major health problem. In virtually every country, injury among children and young adults is the number one cause of death. Injury is also a major cause of death and disability among elderly adults.

Injuries have enormous individual, social, and economic consequences neither governments nor the public fully understand. Each year worldwide, nearly three million deaths are reported from injury and poisonings; more than two million of these deaths occur in developing countries. Whether occurring in a child, in a working adult, or in the elderly, injury deaths have an enormous societal impact; they profoundly affect surviving family members, friends, and communities.

Worldwide, injuries are responsible for up to one-third of all hospital admissions. Caring for the injured is costly because of demands for emergency services and therapeutic care, rehabilitation, and lifelong assistance to the permanently disabled. Annually, the medical, social, and lost productivity costs of all injuries are estimated to exceed \$500 billion (US) worldwide. The social and psychological costs of permanently disabling injuries for individuals and their families are only now becoming understood.

Injuries can occur anywhere and anytime: in traffic, at home, at school, during sports and leisure events, and at work. The rate of injury in each of these settings varies from country to country and from community to community. For example, in most developed

countries, the leading cause of death and permanent brain or spinal cord disability occurs among motor vehicle occupants. By contrast, in some developing countries, most serious injuries occur among pedestrians, motorcyclists, and those who use mass transportation systems.

Individual, group, and governmental violence is a major health problem that must be addressed by accident and injury prevention programs. Assault, abuse, rape, and suicide attempts cause injuries and often result in permanent disabilities or death. Safety in a safe community must protect citizens from all violence.

All nations must establish injury prevention as a priority goal. Increased research investment and increased support for control programs are needed in virtually every country. In many countries, significant progress has been made in occupational and traffic safety. Hardly any country, however, has made significant progress in preventing other kinds of injuries. Greater advances in preventing all injuries can, we believe, be made by focusing on community programs and by public participation in those programs.

Few countries have established adequate policies and programs, and few have allocated sufficient resources to prevent accidents and injuries. Politicians and decision-makers in the health services and in other relevant sectors of society, such as education, justice, transportation, housing, labor, commerce, and social welfare, must be made aware of the catastrophic consequences of injuries. People working and living in their communities must learn that many injuries are preventable.

# THE MANIFESTO FOR SAFE COMMUNITIES - GENERAL STATEMENTS

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## Safety - A Universal Concern and Responsibility for All

### EQUITY

All human beings have an equal right to health and safety. This principle of social policy is the fundamental premise of the World Health Organization's (WHO's) Health for All Strategy and for the WHO Global Program on Accident Prevention and Injury Control. Safety for all can be achieved by reducing injury hazards and by reducing the differences in accidents and injury rates among socio-economic groups. Politicians and decision-makers at all government levels are challenged to ensure that all people have an equal opportunity to live and work in safe communities.

Inequality in the safety status of an individual in developing and developed countries is of concern to all countries. National leaders must foster international collaboration to find solutions to this global problem. We believe that each country has a responsibility to ensure that exported products and technologies conform to international safety standards.

### COMMUNITY PARTICIPATION

Some communities in developed and developing countries have begun community actions which have led to safe communities. We believe, therefore, that research and demonstration projects for injury prevention and control must include community-level programs. These demonstration projects will reveal how best to achieve safe communities.



Although technological advances have greatly improved traffic safety, risks still remain. To help progress further in traffic safety, the public must become actively involved. To prevent injuries -in the home and during leisure activities, for which technological solutions are less well developed, public awareness and participation in prevention programs is even more important.

To develop safe communities, local situations, unique resources, and the important cultural and socioeconomic determinants of injury must be understood and taken into account. These and other factors should be identified through intersectoral collaboration of individuals and organizations.

People have the right, and some would say the duty, to participate in planning and implementing their community's safety program.

### **NATIONAL AND INTERNATIONAL PARTICIPATION**

As part of its national health plan, each government should formulate a national policy and a plan of action to create and sustain safe communities. All national health authorities urgently need to develop national safety goals and plans to achieve these goals. We believe that good plans depend on the cooperation and participation of many sectors.

Countries should cooperate with each other to ensure the development of safe communities. Information about the experiences of safe communities in one country benefits other countries.

### **RECOMMENDATIONS FOR ACTION**

The Stockholm conference has identified four safe community action areas:

#### **I. Formulate Public Policy for Safety**

Governments need to invest greater human and fiscal resources to promote safety and to improve citizens' health. A safe life is a basic right; a safe life leads to a longer, more productive life, costs. All nations should adopt a general policy for safety, which may include the complementary approaches of legislation, fiscal measures, and organizational change. A national program for accident and injury prevention should provide guidelines to achieve safe communities and should foster intersectoral collaboration at national and community levels.

High injury and disability rates occur among many underprivileged and disadvantaged groups as well as in groups of children, the elderly, the disabled, and women. Closing the gap between injury

rates among the disadvantaged and the rest of society requires that governments formulate policies that give high priority to accident and injury prevention among vulnerable groups. Other factors, such as alcohol and drug use, that contribute to accidents and injury rates must be addressed in public policies as well.

Increasingly rapid technological changes and the expanded use of technology pose new challenges to public safety. Technologic changes often cause new safety hazards or change the groups exposed to hazards. Government policies regarding new technology must help to minimize any hazards and develop modifications if injury rates increase. In addition, national governments are urged to cooperate in developing international safety policies that will limit the adverse effects of changing technology on injury rates in other nations.

Corporate and business interests, non-governmental organizations, and community groups all influence safety. These groups, organizations, and corporations should be encouraged to adopt policies that will preserve and promote safety for all, and they should help form and cooperate with governmental policies. Labor unions, industry management, academic institutions, and religious leaders all have the opportunity to act in the interest of improved health and safety for everybody. New alliances to promote safety must be encouraged.

Improved public safety requires first that the identification of obstacles to safety and to the adoption of safety policies be identified. Next, methods to remove the obstacles must be developed. Policy makers and individuals must learn that choosing safety is the easiest, least expensive choice.

## **II. Create supportive Environments**

People live and work in environments that can pose unnecessary risks of accidents and injury. People use products that can be unnecessarily and often unexpectedly hazardous. Since environmental and product hazards are often similar in different countries, an international system for sharing information is urgently needed. People who develop efforts to safeguard humans from the injurious effects of mechanical, chemical, and electrical energy must recognize that people like extremely diverse environments because this diversity enriches their lives.

A balance must be found between the hazards and benefits of modern amenities such as motorized transportation. Those committed to safe communities must develop an approach which emphasizes consultation, negotiation, and coalition-building. Strong advocates are needed to put safety and injury control high on the policy makers'

agenda. Nongovernmental organizations must be encouraged to endorse safety activities. The news media must assist in the public's education and in interpreting complex policy issues on safety and injury control.

Educational institutions must recognize that they, too, have a role in preventing injuries. They can take the lead in developing curricula to enable their students to create safe environments. If students change their own behaviors regarding safety, they can influence family members, such as younger brothers and sisters.

We recommend that local, national and international bodies establish and strengthen networks of researchers, training personnel, and program managers for accident and injury prevention. Members of such networks can analyze and implement public safety policies. They can also exchange of experiences at local, national, and international levels.

### **III. Strengthen Community Action**

Some community-based accident and injury prevention programs, in both developing and developed countries, have successfully reduced injuries. Such programs succeed when citizens, local organizations, and government agencies all become cooperatively involved in their community safety programs. Integrated local programs can reduce injuries without receiving substantial new financial resources. When the public's knowledge about accidents and injuries and successful countermeasures is increased, and when local skills are properly focused, communities can design and execute excellent injury reduction programs.

Accident and injury prevention requires coordinated action by many groups. Safety is the responsibility of governments, health, safety agencies, social and economic authorities, nongovernmental and voluntary organizations, industry, and the media. People in all walks of life are involved in safety as individuals and as members of families and communities.

Experience has shown that in a successful community program, there is only a short delay between the inception of prevention and control measures and decreases in injury rates. This rapid reward encourages community participants to continue their efforts. When injury rates are shown to decrease, safety measures can generally gain broad public support and are effectively promoted by the mass media.

Local accident and injury prevention programs should include information for safety personnel and the public, training for voluntary

and paid personnel, and development of checklists and other tools that help identify behavioral changes and environmental modifications. Programs should not only aim at changing major hazards but also minor hazards.

Accident and injury prevention must be supported by efforts undertaken at many different points. Changes needed may consist of amendments to the current building codes or public health education campaigns. Safety measures can supplement each other. At least four elements seem essential: information and or advice, education and training, supervision, and environmental change.

Community efforts must be supported by other levels of government with technical advice, training, examples of materials, financial assistance, and evaluation. Care must be taken, however, to ensure that a community program is designed by community members, responds to community needs and uses community resources.

Vulnerable and politically important groups should receive particular attention. Prevention of childhood injuries should therefore be emphasized. Childhood injuries are closely related to stages of child development, and prevention strategies must take these stages into account. Abuse and injuries among women are also priority injury problems in many countries. Greater attention should be directed to defining these problems and to developing and implementing strategies for prevention.

#### **IV. Broaden Public services**

A safe community involves not only the health and safety sector, but also many other sectors, including agriculture, industry, education, housing, -sports and leisure, public works, and communications. These sectors must coordinate their efforts to achieve optimum results.

The health sector and safety professionals have a crucial role in collecting and disseminating information on injured people, injury patterns, the causes of the injuries, and the most hazardous situations. Such information provides local action groups with sufficient material to focus their work. Health personnel can participate in local community health education and safety promotion efforts.

National safety councils, which have multisectoral representation, can support development at the local level. In some countries, insurance companies have been instrumental in the establishment and work of these councils.

Programs to prevent and control injuries and accidents must include elements that identify and characterize the injury problem and

evaluate the effectiveness of injury control interventions. Effective prevention of injuries depends on accurate knowledge of the problems, the groups at highest risk for injuries, and changes in injury rates over time. Acquiring such knowledge is one of the earliest steps in the development of a safe community. Injury surveillance systems should be developed in close cooperation with clinicians responsible for hospitals and emergency services, those responsible for surveillance of chronic and infectious diseases, and those responsible for public and community safety.

Accident and injury prevention programs must focus on the vulnerable groups of each community and on the most frequent and severe causes of injury. Networks of mother and child clinics, school health education programs, and welfare services for the elderly are among the many existing structures in which accident and injury prevention programs could be implemented for vulnerable groups.

Evaluating both the process and the outcome of an injury control program is important. Process evaluation will permit the identification of program elements that have and have not been successfully implemented. The overall effectiveness of a program can be measured through outcome evaluation. Within the framework of community-based and multisectorial accident and injury programs, methods to improve evaluating injury prevention measures are necessary.

### **GENERAL CONCLUSIONS**

Participants at the First World Conference on Accident and Injury Prevention call for -urgent and effective national and international action to develop and implement "Safe Communities" throughout the world. They urge governments, WHO, other international organizations, multilateral and bilateral agencies, non-governmental organizations, funding agencies, all health and safety workers, and the whole world community to support national and international commitment to safe communities. Conference participants urge all parties to provide increased technical and financial support for this purpose. Developing countries, in particular, need such support. Participants agree to help disseminate and implement the recommendations of this manifesto.

# First World Conference on Accident and Injury Prevention

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