- 22% of these families went into debt, paying for treatment or making up for lost wages.
- 33% of rural families of injury victims reported a decline in food production.
- 24% of families of injury victims reported a decline in food consumption as a result of the injury.

These figures also demonstrate that a severe illness or injury is often the event that sinks a family living on the margin into deeper poverty.

1.5 In all countries, it is those from lower socio-economic groups who face the highest burden of injury. In part, this is because they have the highest exposure to unsafe environments and are the least empowered to remove risk factors, even when they are known. Examples include dangerous high speed roads passing through slum areas, whose occupants must cross these roads many times per day, and occupational injuries from jobs undertaken in unsafe conditions. In part also, the higher burden of injury on the poor arises from limited access to trauma care services, partly because of physical barriers in rural areas and partly because of difficulties with financial accessibility in all areas. Even when care is accessed, the poor run the risk of medical impoverishment, as noted in Section 1.4. In similar fashion, a study from Bangladesh showed that poor families were more likely to lose their head of household (32% of road traffic deaths to poor families) than families that were better off (21%). Over 70% of households reported declines in household income and food consumption after the death of a family member from a road traffic crash. Poor families were more likely to report a decline in their living standards (75%) than were those who were better off (58%).

1.6 The WHO Eastern Mediterranean Region has been especially hard hit. Overall rates of injury related death are at 93/100,000/year, which is significantly higher than the rate in HICs and higher than the global rate. There are estimated to be a total of 485,000 injury related deaths in the region annually. The leading mechanism is road traffic crashes, which accounts for 146,000 deaths, or 30% of all injury related deaths. Other leading causes of injury related death in the region are shown in Annex 2. The significance of the

- **A/RES/23/63 (2008): Promoting development through the reduction and prevention of armed violence**

- **Prepare a report on violence and prevention that describes the magnitude of the problem, the risk factors, current efforts to prevent violence, and future action to encourage a multi-sectoral response.**

- **3.4 Trauma and emergency care services:**
  - **Ensure involvement of the ministry of health in, and an intersectoral coordination mechanism for, review and strengthening of the provision of trauma and emergency care.**
  - **Identify a core set of trauma and emergency-care services (as in Section 2).**
  -

would be aided by having a person or unit within the ministry of health tasked with this issue and who has both sufficient technical knowledge of trauma care as well as the public health approach. As noted in Section 3, WHO has urged countries to have focal points for injury control issues, including both road safety and violence. Depending on the structure of the ministry of health, such persons might or might also be the ones handling trauma care issues. In addition to the institutional capacity, there is a need for individuals with the requisite injury control skills. This includes a spectrum of skills, including among others, epidemiologist who can handle injury data and set up injury surveillance activities; public health practitioners, psychologists, and communications experts who can conduct effective road safety and other prevention activities; law enforcement personnel, lawyers, and others in the legislative and legal field who can design and implement safety related laws and assure their effective enforcement; and trauma care specialists who have a public health perspective. Thus countries need to address ways in which to promote appropriate training and retention of personnel who fill these roles.

4.3 Policy. A number of specific policies can be implemented to promote better injury control. For example, for road safety laws against speeding and

ANNEX 2

INJURY RELATED DEATHS IN EASTERN MEDITERRANEAN REGION IN 2004

Mechanisms	Numbers of deaths	Percentage of all injury deaths
Road traffic accidents	146,000	30%
Poisoning	17,000	4%
Falls	24,000	5%
Fires	29,000	6%
Drowning	30,000	6%
Other unint		

ANNEX 3

COST-EFFECTIVENESS OF INJURY CONTROL INTERVENTIONS: FINANCIAL SAVINGS TO SOCIETY FROM SELECTED INJURY CONTROL INTERVENTIONS

Expenditure of € 1 each on:	Savings in €
Universal licensing of handguns	79
Smoke alarms	69
Child safety seats	32
Bicycle helmets	29
Road design: removal of roadside obstacles	19
Home visits and parent education against child abuse	19
Motorcycle helmets	16
Road design: upgrading marked pedestrian crossings	14
Injury prevention counselling by paediatricians	10
Road design: guard rails	10
Area-wide speed and traffic management	10
Poison control services	7

Sources:

Sethi D et al. Injuies and violence in Europe: why they matter and what can be done. Copenhagen, WHO Regional Office for Europe, 2006.

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This document does not represent an official position of the World Health Organization. It is a tool to explore the views of interested parties on the subject matter.

The World Health Organization does not warrant that the information contained in this paper is complete