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World Health Organisation Collaborating Centre on Community Safety Promotion

STRATEGIES FOR THE INTERNATIONAL SAFE COMMUNITIES' NETWORK

By

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Background

It has often been stated that the Safe Community movement has its roots in *Sweden* and the local injury-prevention programmes, such as in Falköping, Lidköping and Motala, developed during the 1970s and 1980s. This is only partly true. Policy-wise the Safe Community movement has its roots in health-policy developments like New Public Health, the World Health Organisation's Health for All strategy, and the Ottawa Charter.

Safe Community as a formal concept, closely associated with the World Health Organisation, can be traced back to the first World Conference on Accident and Injury Prevention (Manifesto for Safe Communities 1989) and the establishment of a WHO Collaborating Centre (on Community Safety Promotion) at Karolinska Institutet in Stockholm, *Sweden*. Ever since, the Centre has served as an engine, within a worldwide network, to spread the idea that safety can be promoted at a very basic level, and that injuries can be prevented

Local Injury prevention and/or Community Safety Promotion?

The first programs were all initially designed to identify areas of non-intentional injuries through hospital and primary care based injury surveillance. These activities, even if they were specifically oriented towards injury causation became over time more general to their nature. Injury surveillance results were crucial in the Falköping trial but less important in other programs. Activities involved different local government sectors as well as non-governmental organizations organized in task force groups. These inter-sectoral groups subsequently developed their own grounds for priorities. Still they were focussing on non-intentional injuries, but towards the end of 1980's intentional injuries or rather violence and crime prevention became more focussed. Self-inflicted injuries or prevention of suicide attempts has later been included in some communities.

Injury Prevention and Safety Promotion – a Concern for the World Health Organization

The World Health Organization (WHO) has since long launched a Global Program on Injury Prevention. This program has showed its interest for specific sectors with high toll on human life, like traffic – an actual example is that the World Health Day 2004 focussed this area. Another approach is that some specific type of Injury is brought into the focus of the World Community like Violence. In the newly released “World Report on Violence and Health” it is stated that each year over 1.6 million lives are lost due to violence.

In the Violence report the local and community level are central for prevention efforts. This goes back to the tradition by the WHO to expect that inter- sectoral work, local community action and community participation can make great contribution to World Safety. The sc. Manifesto for Safe Communities became the first of many Policy documents for not only the Injury and Accident Prevention movement but also the Safe Community movement:

“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 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.’

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 co-operation and participation of many sectors.’ ‘Countries should co-operate with each other to ensure the development of safe communities. Information about the experiences of safe communities in one country benefits other countries.’

Recommendation for Action

1. Formulate Public Policy for Safety

2. Create supportive Environments

‘We recommend that local, national and international bodies establish and strengthen networks of researchers, training personnel, and program managers for accident and injury prevention.’

3. Strengthen Community Action

‘Care must be taken, however, to ensure that a community program is designed by community members, responds to community needs and uses community resources.’

4. 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 co-ordinate 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.’ ‘Health personnel can participate in local community health education and safety promotion efforts.’

At the same time as the establishment of the Manifesto the first agreement between the WHO Head Office in Geneva and the Karolinska Institutet was signed and The WHO Collaborating Centre on Community Safety Promotion was established. The main responsibility for that Centre is to develop a world- wide network of Safe Communities and to fulfil the policy principles established in the Stockholm Manifesto.

The Safe Communities’ Network

Some of the first strategies have been:

1. Dissemination of “*success stories*”. The s.c. “Travelling seminars” as well as other seminars serves as good examples.

2. Establishment of a network of *demonstration communities* – good examples to others. For that reasons a set of *indicators* (now six- table 1) has been used in a peer review process and a list of about 152 communities in the World serve this purpose (http://www.phs.ki.se/csp/who_safe_communities_network_en.htm).
3. In order to get help in this process s.c. Affiliate Safe Community Support Centres has been linked to the Network – spread all over the World's regions.
4. Since 1991 yearly international conferences level has been organized and still are – the next one in Colombia August 2009.
5. Some leading countries establish national support organizations for Safe Community development.
6. More and more bilateral cooperation between international Safe Communities is established – an excellent example is between Sherpur in Bangladesh and Noarlunga in South Australia.
7. Production of teaching materials, text- books, training courses and internet-based information becomes more and more important. (www.phs.ki.se/csp).
8. Special initiatives like Safe Schools etc. are launched. (http://www.phs.ki.se/csp/who_safe_schools_en.htm)

References

World Health Organization. Manifesto for Safe Communities. Adopted in Stockholm 20 September 1989.

World Health Organization. World Report on Violence and Health. Geneva 2002.

Table 1. Indicators for International Safe Communities

Safe Communities have:

1. An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community;
2. Long-term, sustainable programs covering both genders and all ages, environments, and situations;
3. Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups;
4. Programs that document the frequency and causes of injuries;
5. Evaluation measures to assess their programs, processes and the effects of change;
6. Ongoing participation in national and international Safe Communities networks.