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[World Health Organization](#)

More than 2,000 children die every day from unintentional injury; at least half could be saved

Geneva/Hanoi/New York - More than 2000 children die every day as a result of an unintentional, or accidental injury, and every year tens of millions more worldwide are taken to hospitals with injuries that often leave them with lifelong disabilities, according to a new report by the World Health Organization (WHO) and UNICEF.

The World Report on Child Injury Prevention provides the first comprehensive global assessment of childhood unintentional injuries and prescribes measures to prevent them. It concludes that if proven prevention measures were adopted everywhere at least 1000 children's lives could be saved every day.

"Child injuries are an important public health and development issue. In addition to the 830 000 deaths every year, millions of children suffer non-fatal injuries that often require long-term hospitalization and rehabilitation," said WHO Director-General Dr Margaret Chan. "The costs of such treatment can throw an entire family into poverty. Children in poorer families and communities are at increased risk of injury because they are less likely to benefit from prevention programmes and high quality health services."

"This report is the result of a collaboration of more than 180 experts from all regions of the world," said UNICEF Executive Director Ann M. Veneman. "It shows that unintentional injuries are the leading cause of childhood death after the age of nine years and that 95% of these child injuries occur in developing countries. More must be done to prevent such harm to children."

Africa has the highest rate overall for unintentional injury deaths. The report finds the rate is 10 times higher in Africa than in high-income countries in Europe and the Western Pacific such as Australia, the Netherlands, New Zealand, Sweden and the United Kingdom, which have the lowest rates of child injury.

However, the report finds that although many high-income countries have been able to reduce their child injury deaths by up to 50% over the past 30 years, the issue remains a problem for them, with unintentional injuries accounting for 40% of all child deaths in such countries.

The report finds that the top five causes of injury deaths are:

1. Road crashes: They kill 260 000 children a year and injure about 10 million. They are the leading cause of death among 10-19 year olds and a leading cause of child disability.
2. Drowning: It kills more than 175 000 children a year. Every year, up to 3 million children survive a drowning incident. Due to brain damage in some survivors, non-fatal drowning has the highest average lifetime health and economic impact of any injury type.
3. Burns: Fire-related burns kill nearly 96 000 children a year and the death rate is eleven times higher in low- and middle-income countries than in high-income countries.
4. Falls: Nearly 47 000 children fall to their deaths every year, but hundreds of thousands more sustain less serious injuries from a fall.
5. Poisoning: More than 45 000 children die each year from unintended poisoning.

"Improvements can be made in all countries," said Dr Etienne Krug, Director of WHO's Department of Violence and Injury Prevention and Disability. "When a child is left disfigured by a burn, paralysed by a fall, brain damaged by a near drowning or emotionally traumatized by any such serious incident, the effects can reverberate through the child's life. Each such tragedy is unnecessary. We have enough evidence about what works. A known set of prevention programmes should be implemented in all countries."

The report outlines the impact that proven prevention measures can have. These measures include laws on child-appropriate seatbelts and helmets; hot tap water temperature regulations; child-resistant closures on medicine bottles, lighters and household product containers; separate traffic lanes for motorcycles or bicycles; draining unnecessary water from baths and buckets; redesigning nursery furniture, toys and playground equipment; and strengthening emergency medical care and rehabilitation services.

It also identifies approaches that either should be avoided or are not backed by sufficient evidence to recommend them. For example, it concludes that blister packaging for tablets may



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not be child resistant; that airbags in the front seat of a car could be harmful to children under 13 years; that butter, sugar, oil and other traditional remedies should not be used on burns and that public education campaigns on their own don't reduce rates of drowning.

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