WHO COOPERATION IN CHILD INJURY PREVENTION 
IN THE CZECH REPUBLIC
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Introduction: The Czech Republic counts among countries with the high injury mortality and morbidity level. Injuries are the third most common cause of death in the population and the leading cause of death of children and youth. Child injury prevention in the past could be characterized by existence of many activities of many bodies, but these activities were not systematic, not intersectoral linked and coordinated and thus not effective enough. The WHO Regional Committee Resolution RC55/R9 on preventing injuries in the European Region has helped to raise priority of the policy of injuries preventions in the Czech Republic.

Material and methods: The aim of this paper is to report on an evaluation undertaken on the work between WHO and the Czech Ministry of Health under the Biennial Collaborative Agreement (BCA) between the two bodies. The evaluation consists of an analysis of key documents, routine data and interviews with stakeholders.

Results: The following outputs were achieved: a review of national and local policies for child road traffic injuries prevention, national wide implementation of selected best practices (Safe Route to School, Cycle Helmets Projects) via leaflet dissemination to all municipalities in the country, creation of intersectoral injury prevention committee tasked with development of a National Child Injury Prevention Plan. Technical support was provided and injury prevention programmes were subsumed into Safe Communities, Healthy Cities Project and Health Promoting Schools, thus ensuring their rapid uptake. These WHO communities’ programmes expanded in the Czech Republic quickly using tried and tested approaches and measures that bring the highest effect in the form of a reduced number of traffic accidents and their consequences. A National Plan has been written and is awaiting parliamentary ratification.

Conclusions: Much more detailed information was obtained on injury prevention and safety promotion programmes and national policy has been developed through the seed funded BCA activities. The main lessons learnt were: a) that subsuming safety into existing projects (e.g. Healthy Cities) increase efficiency; b) cooperation can be increased by sharing knowledge, methodologies, best practices and common vision; c) effective dissemination and public awareness raising was achieved through intersectoral collaboration.