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Secretariat of the Working Party on Accidents and Injuries

Comments on the paper “Enabling Good Health for All” by David Byrne by the EC Working Party on Accidents and Injuries (WP-AI)

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This is a very consistent document on a topic of highest importance and a laudable initiative, and we look forward to the joint effort throughout Europe. On behalf of the Working Party on Accidents and Injuries (WP-AI), please find below our recommendations.

Introduction and Section 1- Enabling good health for all

Concerning the modern economic progress, this does not always mean healthier and more productive lives. A mention concerning the consequences of macroeconomic policies in terms of human and economic losses due to injuries should be done, as these inhibit the economic prosperity.

Injuries, a topic of highest importance, have been left untouched and are not mentioned anywhere throughout this report. The priority of preventing injuries should be of main significance in order to provide "health for all". Injuries are responsible for more than 160,000 injuries annually and cost billion euros.

In the EU-25 as a whole, there are some population groups most vulnerable to injuries (such as children- with injuries being the leading cause of death at these ages-, elderly, and people with special needs) and some injuries responsible for the highest number of losses (e.g. road injuries, drowning and falls). We believe special emphasis should be given to these topics.

The health gap across different EU countries (especially among EU15 and new Member States) is mainly due to the disparities in the burden of injuries. If one wants to tackle these disparities, this problem cannot be ignored. Thus, the table inserted at page 2 should also include this information and some relevant data (e.g. concerning road traffic injuries, WHO mortality data show that in EU25, countries with highest mortality rates from these injuries are Latvia and Lithuania- with approx. 23 deaths from road traffic injuries per 100,000 people and 20 per 100,000 respectively; on the contrary, Malta and Sweden have lowest such mortality rates- approx. 5 deaths per 100,000 people).

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Socio-economic factors also play an essential role in the aetiology of injuries. People from lower socio-economic classes have an increased risk of dying from injuries. Poverty is a primary predictor of injuries. For example, injuries among poor children result in more fatalities than injuries compared to those with greater economic resources.

Section 2. Good health as a shared responsibility

Risk taking behaviour is an important factor in the causation of injuries. For example, the consumption of alcohol is directly related to road traffic injuries and other accidents.

Please also approach the topic of injuries in the context of “major threats” of EU Citizens.

Section 3. Health generates wealth

Injuries are estimated to cost billion euros per year. There is no mention about how much money (or percentage of GDP) is spent for injuries.

More emphasis should be given on the importance of **prevention over diagnosis and treatment**, as the superiority of primary prevention over secondary prevention and treatment is widely accepted. Preventability implies a potential for the reduction of incidence. After all, e.g. only the effective implementation of prevention could lead, for example, to a substantial reduction of cancer or injuries. Concerning injury deaths among children, it has been estimated that half of the lives lost to childhood injuries could have been saved if all European Union countries matched the accomplishments in terms of injury prevention of the country with the lowest mortality rate in each injury category (Petridou E. Childhood injuries in the European Union: can epidemiology contribute to their control? Acta Paediatr. 2000;89:1244-9).

Injuries account for the second cause of Years of Potential Life Lost (YPLL)

Also, prevention should be the primary approach for tackling smoking and obesity.

When concerning pharmaceutical industry, a mention about how to provide access to appropriate therapy among people of low socio-economic background should be provisioned.

4.1. Putting health as the centre of EU policy making

The major topic of injuries should be included and the importance of their prevention. To this point, policy initiatives should also include best practices for injury prevention.

5. Good health in Europe: a view of the future

The European health strategy will be further strengthened in injury prevention by the creation and implementation of European conferences on injury prevention and control.

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