

The Stockholm Manifesto

Creating a safe environment for children in Europe

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On September 21, 2004, 80 delegates from 18 countries in Europe participated at a workshop focused on safer environments for children in Europe. The conclusion of this event was the drafting and discussion of the Stockholm Manifesto, a declaration of a call to action to reduce the leading cause of death for children in Europe - injury.

The Manifesto consists of a summary of scientific evidence and past commitments from major organisations and governments supporting child injury prevention, followed by specific recommendations from the European Child Safety Alliance to the World Health Organisation, European Commission, Member States, Business and Non Governmental Organisations to:

1. Provide better injury data
2. Enhance leadership and commitment to the injury issue
3. Work co-operatively with all stakeholders

Scientific evidence

- The magnitude of injury as the leading killer of children for every Member State in Europe is well documented.
- Whereas the WHO Lancet publication June 2004, "Burden of disease attributable to selected environmental factors and injury among children and adolescents in Europe," stated that childhood injury is the largest disease burden for children compared to any other disease.¹
- Whereas injury is the leading cause of death for children in Europe and occurs at twice the rate of deaths from cancer and 8 times that of a respiratory-related death.²
- Whereas for every child that dies from injuries another 160 children are admitted to a hospital for a severe traumatic injury and then still another 2000 children are treated in accident and emergency departments.²
- Whereas the estimate for the overall socio-economic burden of all injuries for all ages in Europe is almost 400 billion Euro annually.²
- Whereas there is a difference of 8 times between the childhood injury death rate in the leading EU Member State of Sweden which has the lowest rate and the EU Member State of Latvia.³

Yet injury is predictable and preventable. Research has validated proven best practices that reduce injury deaths and disability, most often through a combined approach of education, engineering and enforcement measures.

- Whereas injuries from road accidents have been more than halved for example with reduced speed limits, traffic calming, safer car fronts for pedestrians and cyclists, child passenger restraints⁴ and bicycle helmets⁵, where these measures have been enforced.
- Whereas drowning deaths have been reduced with the use of pool fencing⁶ and personal floatation devices.⁷
- Whereas burns and scalds have been more than halved with the use of smoke detectors, water temperature regulators, child resistant cigarette lighters, and clothing that does not easily catch on fire or burns more slowly.⁷
- Whereas fall injuries and deaths have been reduced with the use of window and balcony guards⁷ and stair gates⁸. As well, but to a lesser extent, reduction of serious head injuries in playgrounds through the relationship between height of equipment and impact absorbing surfacing in playgrounds.⁸
- Whereas poisonings have also been reduced by one third using child resistant packaging⁹, safe storage units and education programmes.⁷
- Whereas choking, suffocation and strangulation have been reduced with product and environment modifications/redesign that have been researched and prepared for standards and regulations.⁷

Commitments

Commitments to address injury have been identified in the past by major organisations and governments.

- Recalling that, according to the Constitution of the World Health Organisation (WHO) of 7 April 1948¹⁰, Health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.
- Recalling article 152 of the Treaty of Maastricht (1992)¹¹ that provides the EU legal competencies to take action to protect safety and health of European Citizens in order to “ensure that a higher level of human health protection shall be included in the definition and implementation of all community policies and activities.” As well article 153¹² states “In order to promote the interests of consumers and to ensure a high level of consumer protection, the Community shall contribute to protecting the health, safety and economic interests of consumers...”

- Recalling the Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002¹² that “health is a priority and a high level of health protection should be ensured in the definition and implementation of all community policies and activities”. As well that “attention should be given to the right of the community population to receive simple clear and scientifically sound information about measures to protect health and prevent diseases, with a view to improve quality of life”. And further that “the community is committed to promoting and improving the health, preventing disease and countering potential threats to health, with a view to reducing avoidable morbidity and premature mortality and activity-impairing disability”.
- Recalling the Decision No 372/1999/EC of the European Parliament and of the Council of 8 February 1999¹³ adopting a programme of community action on injury prevention in the framework for action in the field of public health (1999 to 2003) and now fully integrated in the Public Health Programme.
- Recalling the Directive 2002/95/EC¹⁴ of the European Parliament and of the Council of 3 December 2001 on general product safety states that a “safe product” shall mean any product which under normal or reasonably foreseeable conditions of use does not present any risk or only the minimum risks compatible with the product’s use considered to be acceptable with the a high level of protection for the safety and health of persons taking into account the categories of consumers at risk when using the product, in particular children and the elderly.
- Recalling the communication from the European Commission on the precautionary principle February 2, 2000¹⁵, “When there are reasonable grounds for concern that there are potentially dangerous health or safety effects on children the precautionary principle should be taken into account”. As well, “The absence of an accident history may not be a good reason for an automatic presumption of a low level of risk (EN1050)”.
- Recalling the United Nations Convention of the Rights of the Child¹⁶ signed on November 20, 1989, sets out in Article 6 that states parties shall “recognise that every child has the inherent right to life” and shall “ensure to the maximum extent possible the survival and development of the child” and in Article 24 states parties “recognise the right of the child to the enjoyment of the highest attainable standard of health” and “the right to a safe environment” and in Article 31 “the right of the child to engage in play and recreational activities...and participate freely in cultural life”.

- Recalling the signed Declaration and Child Environment and Health Action Plan for Europe¹⁷ in Budapest, 25 June 2004, by 52 ministers of Health and Environment at the 4th Ministerial Conference for Health and Environment in which one of the four goals states that “we aim to prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of physical activity by promoting safe, secure and supportive human settlements for all children”.
- Recalling the OECD policy brief “Keeping Children Safe in Traffic¹⁸”, May, 2004 “Children need to be considered at the planning and design stages of footpaths, cycle lanes and pedestrian crossings. Planners and traffic managers need to take account of the function of urban areas, with good accessibility from residential areas to school, shops, etc...”. “It is easier for children to move around safely if the design of residential areas incorporates traffic calming techniques and low-speed zones...”.

Recommendations

The European Child Safety Alliance and representatives of 18 countries in Europe, advocate for reduction in childhood injuries, recommend the following actions:

World Health Organization (WHO)

- Encourage and assist countries and organizations to determine and monitor consistently the size and nature of child injury in their jurisdiction.
- Facilitate countries and organizations in systematically exchanging information on effective means of prevention and implementation of child injury programs.
- Assist in building capacity for countries and regions to address child injury.
- Work cooperatively with other UN agencies such as the UNECE Transport Division to strengthen regulations and increase enforcement of child transport measures and promote best practices such as the use of rearward facing child passenger restraints for children up to 3 years of age.
- Improve the WHO mortality database by providing age group appropriate child injury data and currently available national data.

European Commission

- Integrate child safety into all relevant community policies and set a cross-sectoral target for injury prevention.
- Improve and fund data systems at the European level in order to provide timely population-based data on injury occurrence and long term consequences, hazard exposure and emerging issues.

- Establish a European Agency for home and leisure safety and consumer safety with special attention to children.
- Support and fund proven injury prevention measures that reduce child injury deaths and serious injury in a combined approach of education, engineering and enforcement of standards and regulations, specifically through:
 - the development of an easily accessible European database on best and good practices in child injury prevention.
 - enhanced development and increased enforcement of child safety standards
 - the establishment of a product safety directive specific to childcare products
 - increased consumer involvement in standardization work in order to achieve a balanced representation among stakeholders
 - support for an annual child safety campaign at the European level

Member States

- Assess the national burden of child injury and adoption of proven best practices to reduce injury, disability and ensure the resources allocated to address the issue are commensurate with the extent of the problem.
- Integrate child injury prevention into national public health programmes and prepare and implement a national strategy on child injury prevention with appropriate action plans and dedicated resources.
- Establish government leadership in child injury prevention, including designating a focal point and facilitating multi-sectoral collaboration with other ministries and departments.
- Increase funding to support the development and enforcement of child safety standards and balanced participation of experts from different stakeholders - among them consumer organizations which are often under represented.
- Provide standardized child injury data including cause and circumstances, which are both age group appropriate and timely.
- Develop child friendly communities that encourage and enable walking and cycling as major modes of safe transport and increase public play spaces that balance play value and acceptable risk.

Business

- Comply with national and European standards and regulations.
- Apply 'design for safety' from concept through production, to quality control, including risk assessment and product approval.
- Improve transparency by sharing information on safety testing with key stakeholders prior to market availability (but after patent approval) and accident reports when on the market.

- Achieve harmonised standards and regulations within industry world-wide at a high performance level.
- Support balanced representation in relation to other participants in the development and review of safety standards and regulations.
- **Non Governmental Agencies (NGO's)**
- Build and extend networks of collaboration with other NGO's with an interest in safety and with major stakeholders in business, government and academia.
- Provide expertise in the field of child injury prevention on what works and on the implementation of effective best and good practices, standards and regulations in various settings and cultures.
- Advocate for what works for child injury prevention across all sectors.
- Provide and encourage consistent messaging by strong networking at the national and international level.
- Ensure communication between all parties and to act as a facilitator with major stakeholders in business, government and academia.

For further information contact:

European Child Safety Alliance

PO Box 95169

1070 AD Amsterdam

T 31 20 5114513

F 31 20 5114510

Email: secretariat@childsafetyeurope.org

www.childsafetyeurope.org

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