"Säkerhet på tvers"

National multi-ministerial strategic and action plans for injury prevention in Norway – experiences and challenges for efficient co-operation

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Content

1. Background: An epidemiological preventive model
2. Many strategic and action plans on injury prevention in Norway during the last 30 years, quite a few of them multi-ministerial
3. Last plan (2009-14), unique, comprehensive and preliminary
4. Objectives in the plan (2009-2014)
5. An evaluation of the multi-ministerial strategic and action plans in Norway since 1980
6. Prevention of accidental injuries, a fragmented world
7. Main challenges for intersectorial collaboration on injury prevention
8. How to create political power and administrative will for injury prevention?
An epidemiological preventive model

Based on Frericks RR. Epidemiologic surveillance in developing countries. Annu Rev Publ Health. 1991;12:257-80

Control-ler: "A person or an office with administrative will and political power to act."

Accidental injuries in the population

Inj. controller

Data collection

Preventive measures

Monitor

Local/national goals
Part II

Many strategic and action plans on injury prevention in Norway during the last 30 years, quite a few of them multi-ministerial
National plans on prevention on accidental injuries in Norway last 30 years I

- 1981-83 Action plan for prevention of child accidents, four ministries (consumer safety ministry as coordinator)
- 1989-94 United plan on prevention and health promotion, also accidents, Directorate of Health only
- 1991 - ”Red Book”, Action plan on prevention on home and leisure accidents, six ministries – health ministry as coordinator
- 1992/93 – Governmental white paper on ”Challenges in prevention and health promotion” – accidental injuries one of four targets areas (Norwegian Safety Forum did lobby work)
National plans on prevention on accidental injuries in Norway last 30 years II

• 1997- Action plan on prevention on home and leisure accidents, nine ministries – one ministerial coordinating group, health ministry as coordinator
• 2005 – Strategic plan on prevention on home, leisure and traffic accidents, two ministries and seven directorates, one directorial coordinating group, health directorate as coordinator
• 2009 – Strategic plan on prevention on home, leisure, traffic and occupational accidents, eleven ministries, one ministerial steering group, health ministry as coordinator, one directoral working group, health directorate as coordinator.

• In all these years, plans on prevention on traffic accidents and fires were launched by the respective ministeries, very few, if any on occupational accidents.
Part III

Last plan (2009-2014), unique, comprehensive and preliminary
Last plan (2009-2014)

• Unique: 11 ministers signed (but one important is still missing: building and local community)
Forord

Forordet til denne utgaven er utarbeidet av Arnold A. Skjelbred og er basert på hans opprinnelige redigering fra 1983.

Dette er en ny utgave med tilleggsinnhold og endringer av tekst. Universitetet av Oslo og Architekt og Byggeskikk har derfor vedtatt denne utgaven som er trykt i 2020.

Til hensyn til publikumsinteresser og for ferdighetsbemanning på byggeområdet er dette først og fremst et hjelpverktøy for arkitekter og designere.

Denne utgaven gir en oversikt over de viktigste bruksområdene og standardene som er relevante for bygging. Det er deretter behov for å ta hensyn til flere områder, og det er derfor behov for utviklingsarbeid.

Merk at denne utgaven er beregnet for yrkesinteresser og ikke for offentligheten. Denne utgaven inneholder en oversikt over de viktigste bruksområdene og standardene som er relevante for bygging. Det er derfor behov for å ta hensyn til flere områder, og det er derfor behov for utviklingsarbeid.

Avd. for arkitektur og byggeplanen, Universitetet av Oslo, 2020

[Signaturer]

Universitetet av Oslo

Avd. for arkitektur og byggeplanen
Last plan (2009-2014)

- Unique: 11 ministers signed (but one important is still missing: building and local community)
- Comprehensive: All accidents are covered (But not violence and suicide)
- Preliminary: No quantified targets on reduction on injuries are set, both for total and for relevant sectors.
- This is due to great weaknesses in mostly all of the authorities’ registers of accident and injuries!
- However, this recognition by the authorities must be considered as a step forward because it highlight the need for a valid injury monitoring system in Norway
Traffic injuries in Norway – who collects what?

Vaaje T. Gjensidige insurance company

Motorvehicle involved

Hospitals/em. clinics 23 000

Insurance 12 000

Motorvehicle involved and Bicycle single

Hospitals/em. clinics

Insurance

Police 12 000

Bicycle single

Motorvehicle involved

Hospitals/em. clinics

11 000

7 000

Motorvehicle involved and Bicycle single

Hospitals/em. clinics

Insurance

Motorvehicle involved

Hospitals/em. clinics

Insurance

Police 12 000

1 000

2 000

Motorvehicle involved and Bicycle single

Hospitals/em. clinics

Insurance

3 000

2 000

Motorvehicle involved

Hospitals/em. clinics

Insurance

3 000

1 000

Motorvehicle involved

Hospitals/em. clinics

Insurance

1 000

1 000

Motorvehicle involved

Hospitals/em. clinics

Insurance

2 000

3 000

Motorvehicle involved

Hospitals/em. clinics

Insurance

11 000

11 000

Motorvehicle involved

Hospitals/em. clinics

Insurance

12 000

12 000
All fatal occupational accidents in Norway 2000-03 registered by the authorities and in the Death register
(Source: Wergeland, Gjertsen, Lund 2009)

Registered by authorities (N = 73 + 98 = 171, i.e. 80 % of total)

Death register, (N= 98+43 = 141, i.e. 66 % of total)

Total (N=214: 73+98+43)
Number of occupational injuries in Norway 1990-2004 based on three datasources
(Institute of occupational health, 2007)
Accidental injuries in Norway:
fatal (1,800 each year – statistics from 2009)
medical treated (480,000 each year – statistics from 1990-2002)

- Traffic (T)
- Occupational (O)
- Home (H)
- Sport, exercise (S)
- Street, not traffic (St)
- Education (E)
- Countryside, water (C)
- Kindergarten, playground (K)
- Nursing home (N)
- Other (O)
Injury prevention in Norway 2011
(in red)

Accidental injuries in the population

Control-ler: "A person or an office with administrative will and political power to act."

Data collection

The multidirectorial working group

Traffic, occupational and nine other ministeries

Preventive measures

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Monitoring not possible, new system necessary
A new injury register is now being built in Norway

- Our National Patient Register (NPR) cover all hospitals in- and out patients
- Hospitals are now required (from April 2010) to register accident and injury data for all in- and out-patients, a Minimum Data Set, during the routine without extra cost, and to send to NPR
- It takes time with establishing software for the registration, we expect first annual data from 2012, but not 100% coverage before 2014?
- This will be a reference register in Norway, important for creating a valid picture of accidents and injuries in Norway, centrally and locally, for monitoring.
Part IV

Objectives in the plan (2009-2014)
Two main objectives

- Target 1: Within 2014 to establish valid national statistics for enabling identification of concrete reductions in the numbers of accidental injuries in Norway, both in total and within the various sectors.
- Target 2: Improve the intersectorial work on injury prevention.
- Although national aims on reductions are not identified, systematic work on prevention of accidental injuries will be carried out in the plan period.
Five specific objectives

1. To ensure updated knowledge on accidents resulting in personal injuries in Norway, including incidences, contributing factors and efficient preventive measures. 17 various actions are identified, among them: 1) **to create a national injury picture**, 2) to get high quality accident/injury registers, 3) to harmonise the various injury registers.

2. To develop further the local and regional work on prevention on accidental injuries. 12 various actions are identified, among these to develop a **handbook for local injury registration and prevention**.

3. To strengthen the collaboration between the voluntary, the public and the business sectors. 2 actions are identified, one is to assess renewal of financial support to Norwegian Safety Forum.

4. To examine the organisation of the prevention work on home, leisure and education areas, including responsibilities and cooperation, and eventually develop actions plans on parts of this field

5. To ensure an appropriate national organisation of the prevention of accidental injuries. 6 actions are identified, among these: 1) to have a steering committee of the involved ministries, 2) a working group of the respective directorates. A long term working plan 2011-14 is now developed for all the 40 actions.
Part V

An evaluation of the multi-ministerial action and strategic plans on injury prevention in Norway from 1980

(this evaluation is rather coarse and based on JL’s knowledge on the various plans, that not always are that very deep or objective.)
The basis for the evaluation

- The Norwegian Directorate for Public Administration and ICT (information and communication technology) has analysed experiences with multisectorial tasks in public administration (especially 3 ICT-project with annual budgets about 10 mill Euro).
- Report on "Saman om felles mål?" (Together on common aims?)
- Five important dimensions for good functioning of intersectorial work are identified:
  1. Ensure good anchoring of targets and plans
  2. Organising of the plan must be clear
  3. Establishments of good administration on all levels
  4. Good financing models are a challenge
  5. Are relations decisive?
1 Ensure good anchoring of targets and plans

• The project should be based on common needs, an understanding of mutual benefits is essential
• The political anchoring in the ministries should be good
• The management/directors of the ministries/directorates/departments should be present in the steering/management of the project
• The competences in the directorates should be present and anchored in the project/plan
2 Organising of the plan must be clear

- The responsibility and decision lines in the organisation and implementation of the plan must be clear.
- Important and may be decisive that a "motor" in the project/plan is present, a secretariat with sufficient capacity and relevant competence, and also competence in how to build relations and create dialogue.
3 Establishments of good administration on all levels

- Steering of multi-ministerial and directorate groups should be professional. Seems necessary to strengthen this function in the public area
- Important to create motivation and rewards for getting results across the sectors
- The decision models in multisectorial cooperation is based on various levels of consensus. The sectors have to "live with" or accept decisions, even if they do not agree 100%.
4 Good financing models are a challenge

• Important to get a good understanding of the relations between common financing and sector financing
• When many ministries are involved, questions on financing will be very important. The complexity of finding good solutions will increase
• Important to show mutual economic benefits og implementation of the plan, ”win-win situations”
• A challenge when the units getting economic benefit are others then those who pay the investments
• It seems that problems with financing of multi-sectorial work are underestimated.
5 Are relations decisive?

- Trust – a decisive factor for cooperation (In one of the big ICT-project, the trust between the top directors of the three institutions that cooperated was judged decisive for the success of the project).
- Necessary to invest in cooperation, and to accept that coordination takes time
Scorings of the plans for injury prevention in Norway on the dimensions for good functioning (Excellent, Good, Medium, Poor, Disaster)

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Which elements in implementations of national plans for injury prevention seem to need strengthening?

- Financing, too small budgets
- Ways of financing multi-ministerial work must be found and established
- The motor/secretariat in the implementation of the plans should be much stronger
- More work on finding mutual interests
- The steering of multi-ministerial and multi-directorial groups must be more professional
Part VI Prevention of accidental injuries, a fragmented world

- A lot of actors are involved, ministries, directorates, NGOs, businesses,
- The traffic and occupational area has a rather strong position during many years, and live more or less their own life with own statistics, research institutions and prevention infrastructure.
- The rest: "home, school and leisure area" are very fragmented and lack infrastructure on statistics, research and prevention.
Part VII  Main challenges for intersectorial collaboration on injury prevention

• Create sound and valid national and local systems for monitoring the injury picture
• Establish research centers on injury statistics, on prevention on home and leisure accidents, and on processes in local communities. Close cooperation between research centers on traffic, occupational and home and leisure research centers should be established.
• National and local intersectorial working groups with power and resources to promote efficient work on prevention on accidental injuries.
• The new strategic plan in Norway (2009-14) is an important step in meeting these challenges. However, there is a lack of political and administrative will to really put sufficient pressure and resources for carrying out this work.
Part VIII

How to create political power and administrative will for injury prevention?
We have a lot of evidence, we need action!
What about the will and power in this model?

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Control-ler: "A person or an office with administrative will and political power to act."

How to create this will and power?
How to create the political power and administrative will to act in injury prevention?

• Continue the documentation of the injury burden:
  – Injury pattern, fatalities, disabled and medical treated
  – Cost of injuries, also the disabled
  – Evidence based effective interventions

• Take courses in advocacy, public health schools should educate in advocacy

• NGO’s should more or less continuously lobby towards politicians and administration

• Be patient and wait for the golden moment, when the window opens in the political or administrative world.

• Keep your “revolutionary” flame burning, but not so high that it will blow out!

• And while doing all this, it is important to have a nice time!