Injuries are the fourth most common cause of death. Annually about 2,500 Finns die accidentally (Population 5.4 million).

Results The multi-sectoral coordination group has drawn up a national target and action programme for the prevention of home and leisure accident injuries 2014–2020 (http://www.julkari.fi/handle/10024/126217). The programme encompasses 91 actions, for each of which the coordination group has designated bodies responsible for them. In this programme, by home and leisure accident injuries is meant accident injuries other than those occurred at work or in traffic.

The coordination group has defined the most important measures for the following sets of actions: improved safety culture and strengthened safety work, prevention of accident injuries related to the use of medicines, alcohol and drugs, increased equality and in particular improving the safety of vulnerable groups, improved environmental and product safety, and prevention of falling accidents. Specific objectives have been defined for each set of actions.

Conclusion The vision of the present national programme to prevent home and leisure accident injuries is that no one needs to die or be injured as a result of an accident. The objectives of the programme include reaching a good safety level in all environments, 25% reduction in the number of serious accident injuries by 2025 and allocation of more substantial and permanent resources for accident injury prevention.

200 ADDRESSING FATAL INJURY IN LOW-MIDDLE INCOME COUNTRIES: THE RESEARCH-POLICY-PRACTICE-CONTEXT NEXUS

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Background Despite evidence that injury impedes development in low-middle income countries (LMICs), injury prevention remains low priority in global agendas. Current injury prevention in LMICs is largely based on the Public Health Approach (PHA), with most strategies borrowing high income country interventions based on good injury surveillance systems (ISS).

A study was conducted to investigate the capacity and adequacy of the PHA for injury prevention in LMICs.

Methods Taking data as an indicative key element of the PHA, a systematic review was conducted to assess the utilisation, efficacy and effectiveness of the existing WHO Injury Surveillance Guidelines (2001) in LMICs. Subsequent, LMIC focused fatal injury surveillance guidelines were developed, evaluated by pilot studies conducted in six LMICs for process and case capture effectiveness.

Results The review identified limitations of the WHO 2001 guidelines in LMIC utilisation: mainly short-term studies, ISS not ongoing; single issues addressed; minimum dataset use lacked detail for injury prevention; local capacity not built.The pilot studies showed eligible external cause deaths are poorly captured and reported by the medico-legal system, apparent systemic issues, limited workforce capacity and training in ISS; lack of strong stewardship for fatal injury surveillance. Nonetheless, indicative data on injury deaths was obtained.

Conclusions Complementing the PHA, fatal injury response in LMICs must (i) continue to improve fatal injury data quality to quantify the issue and identify solutions, (ii) evidence gaps should not paralyse progress, rather the 'policy window' opportunity in the new Sustainable Development Goals should be seized, (iii) consider complex contextual and systemic issues in LMIC injury prevention policies. Proposed therefore is a modified model seeking to complement existing approaches by accounting for content, process, practice, policy environment and context for injury prevention in LMICs.

201 INJURY PREVENTION IN THE WHO SOUTH-EAST ASIA REGION, 2005–2015: FROM POLICY TO PRACTICE

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Background Several WHO resolutions on injury prevention were adopted since 1966 and several UN resolutions on road safety were adopted since 2003. The WHO South- East Asia (SEA) Regional committee resolution on accident prevention and trauma care was adopted in 1994. However, in 2005 injury prevention did not progress substantially.

Methods In 2005, WHO South-East Asia Regional Office (SEARO) modified the post description of Regional advisor responsible for injury prevention to be more focused. SEARO injury work plan 2006–7 formed the strategies in promoting injury information, multi-sectoral and inter-country collaborations, experience sharing, and training. In 2008–9 work plan, establishment of an injury management unit in the MOH was added. Regular regional and national trainings/workshops were organised and supported. In 2010, the Regional resolution: Injury prevention and safety promotion was adopted. It identifies the major causes of injury in the region, endorses existing strategies and calls for a national mechanism at the highest level to enhance national plans/programs. A progress report was requested for 2014. The Global Road Safety Status Surveys and the Decade of Action for Road Safety were coordinated. Regional epidemiological data, the expert group recommendations and the world reports were used for guiding interventions. Resources were mobilised by WHO Geneva to support regional and national activities.

Results By 2015, all countries have national policies/plans. 7 countries have national policies, budgeted plans and a mechanism at the highest level for road safety. 5 countries have budgeted plans for the Decade. 6 countries have budgeted plans to strengthen injury data. 4 MOH's have injury management units. Injury prevention is integrated into undergraduate medical and nursing curriculum and MCH systems. 2 countries enforce and manufacture standardised child motorcycle helmets. 2 countries have sustained injury surveillance.

Conclusions Progress is seen in the SEA Region from 2005–2015.

202 A NEW MODEL FOR TRANSLATING RESEARCH TO POLICY: THE CONSORTIUM FOR EVIDENCE-BASED POLICY

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Background Effective and promising policy interventions exist for many injury problems. There is a need for strategies to

communicate more effectively with policymakers about the evidence base that supports injury prevention policy interventions.
Description of the Problem Despite a growing evidence-base of effective injury prevention policies, translating and disseminating effective interventions to policymakers remains a challenge. As a result, the reach and impact of the injury prevention field is limited.
Results The consortium model for evidence-based policy is a response to this need. The consortium process involves bringing together experts representing stakeholder interests (including researchers, advocates, and practitioners) from different disciplinary backgrounds to review the evidence about a topic, identifying areas of consensus that support policy recommendations, and disseminating the findings and recommendations to policymakers through multiple channels. To date we have engaged in three consortium initiatives on: 1) mental health and gun violence; 2) smoke alarms and residential fires; and 3) prescription drug overdose. The three initiatives are at different stages in the consortium process. Effective dissemination of the findings and recommendations from the mental health and gun violence initiative has resulted in policy change at the national and state levels in the United States. Reports from the smoke alarm and prescription drug efforts have been released and plans for dissemination to policymakers are underway.
Conclusions The consortium model for engaging researchers, advocates, and practitioners in translating the evidence on a particular topic into policy recommendations and disseminating those recommendations to policymakers is a promising approach. Lessons learned from across the three initiatives include how to effectively: 1) identify and engage participants in the consortium process; 2) produce findings and recommendations that will engage a policy response; and 3) respond to policymaker interest in the consortium's work. Opportunities to adapt and replicate this model in countries other that the United States should be pursued.

203 ADDRESSING AUSTRALIAN ABORIGINAL CHILD INJURY THROUGH POLICY AND PRACTICE GUIDELINES

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Background Despite increasing knowledge about the burden of unintentional injury among Australian Aboriginal children there is a lack of effective programs targeting Aboriginal children and families. Moreover, little is known about how Aboriginal people engage in child injury prevention programs. Research was conducted to inform the development of guidelines for effective injury prevention approaches targeting injury among Aboriginal children. We also worked closely with investigators on an Australian version of guidelines modelled from the European Child Safety Alliance.
Methods In a staged process we conducted: (a) a review of effective injury prevention programs targeting Australian Aboriginal children; (b) qualitative research with practitioners and Aboriginal community members to explore attitudes to the prevention of injury and behaviours and perceptions of risk; (c) round table discussions with Aboriginal community members, injury practitioners and policy makers.
Results A series of case studies of effective programs was developed. The project adopted a "best buys" approach to identifying programs with the most promise to address the burden of Aboriginal child injury; this was matched with community views and preferences about acceptable and appropriate programs and strategies. Guidelines also incorporated principles for successful engagement with Aboriginal communities including how to work with Aboriginal children and families when developing programs for unintentional injury prevention and the most appropriate methods for their evaluation.
Conclusions The guidelines are expected to inform the development of policies and programs targeting child injury in the Aboriginal population in New South Wales. They will contribute to ensuring that the efforts and resources of policy makers and practitioners are based on the views and experiences of Aboriginal communities and raise awareness within the Aboriginal community by informing the further development of social marketing campaign around injury prevention.

204 THE CANADIAN INJURY PREVENTION CURRICULUM: USING AN INTEGRATED KNOWLEDGE-TRANSLATION APPROACH

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Background Intentional and unintentional injuries are a significant and preventable health concern in Canada with 4.27 million Canadians ages 12 or older suffering an activity limiting injury. Knowledge translation and education among researchers, practitioners and policy makers as well as the continual development of trainees in the area of injury prevention, is paramount for the future health of Canadians.
Methods The Canadian Injury Prevention Curriculum (CIPC) was designed to provide practitioners the understanding of the theory and practice of injury prevention along with the tools needed to develop and implement effective injury prevention programs. The CIPC is targeted toward adult learners (researchers, practitioners and/or policy makers) who develop, implement and/or evaluate programs aimed at reducing the frequency and severity of both intentional and unintentional injury. The last update of this curriculum was in 2010. This project aimed to update the CIPC, using an integrated knowledge translation approach to reflect an evidence-informed approach to injury prevention.
Results The revision occurred over a series of phases: **PHASE 1** – Update to the current curriculum to reflect an evidence-informed approach to injury prevention (what is injury prevention and defining the problem, risk and protective factors and key determinants of injury, designing/selecting an intervention, implementation and evaluation) in consultation with an adult learning expert; **PHASE 2** – Modules were developed for practitioners to further knowledge and application of core knowledge; **PHASE 3** – The updated curriculum was made available across Canada to researchers, practitioners and policy makers interested in preventing injury in Canada.
Conclusions The CIPC was updated using an integrated knowledge translation approach. The result was an education tool using an evidence-informed approach to the prevention of injury,