Disabilities

Getting together for injury control
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The proceedings of a round table session on injury control in Africa, held as part of the Third International Conference on Injury Prevention and Control, are outlined in the present article. The prospects for collaborative efforts in this field seem reasonable, but increased support from governments and the international donor community is essential if the immense burden of injury is to be significantly diminished.

In February 1996, as part of the Third International Conference on Injury Prevention and Control held in Melbourne, a round table session was convened for persons concerned with injury control in Africa. The aims were to assess the injury burden in Africa, to plan strategies for increased government involvement in injury control, and to appeal for additional funding from the international donor community. It was felt that it should be possible for African countries to share research findings and resources and to avoid duplication of effort.

Invitations were issued to all who had presented papers on injury control in Africa at the two previous international conferences on this subject, to authors identified by searching the MEDLINE and HEALTH databases, and to other individuals whose names were obtained from the Centers for Disease Control and Prevention (USA) and WHO’s Safety Promotion and Injury Control Unit. The day before the round table was due to be held it was previewed at a meeting that enabled the participants to get to know one another and to discuss their experiences in the injury control field.

The round table began with a report on the magnitude of the problem in Africa in terms of disability-adjusted life years and on the scarcity of funding for research. The spectrum of injuries suffered was highlighted. WHO’s policies and functions relating to safety promotion and injury control were presented, with reference to:

- the improvement or establishment of minimum injury surveillance systems and the setting up of intersectoral mechanisms for launching “safe community” programmes in member countries;
– support for capacity-building and the incorporation of safety promotion and injury control into national health programmes;

– the provision of information and the strengthening of technical cooperation, particularly through WHO collaborating centres.

In a report from Ghana it emerged that injuries associated with transportation were particularly significant. The government and the World Bank are collaborat-

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ing on data collection and educational measures in this area. Occupational injuries occur predominantly in small enterprises and non-mechanized farming. There are occasional outbreaks of violence linked to such matters as chieftancy disputes and religious confrontations. A high level of expertise in trauma care exists in urban areas but in rural Ghana the care of the injured depends on general practitioners who have received little training in this field.

Since 1963 the annual average number of fatalities resulting from road accidents in Kenya has been 2000, in addition to which some 15000 major injuries and 20000 minor ones are sustained each year.

In 1992, violence was reported as accounting for 73% of deaths from injury in South Africa. Road accidents caused 12 deaths per 100 million person-kilometres, about ten times the rate in the USA. Of non-fatal injuries sustained in people's homes or during leisure activities, 7% were associated with alcohol consumption; the corresponding figure was 30% for fatal injuries.

A report issued in 1993 indicated that injury accounted for the bulk of the burden of morbidity and disability in Zimbabwe. Between 1985 and 1994, road accidents increased by 55%, and associated injuries and deaths rose by 59% and 42% respectively. Drowning accounted for 11% of all deaths from injury in 1988. Suicide and murder each account for about 15% of deaths from injury and for a substantial number of hospitalizations.

Impediments to injury control in all of these countries include a lack of intersectoral collaboration, insufficient funding, and too little expertise. In South Africa an additional problem is presented by deeply held attitudes to violence resulting from 40 years of apartheid.

It is desirable to use currently available information as a starting point for action rather than waiting for improved evidence to emerge, or spending scarce funds on gathering and analysing sophisticated data. The following strategies were outlined for tackling the political aspects of initiating new injury control programmes:

– drawing the attention of politicians to the magnitude of the problem by means of the existing database;

– linking injuries with other societal problems, such as economic losses;

– developing interest groups and coalitions, involving, for instance, the families of injury victims, to demand that attention be given to this matter.
The issues covered during the round table were discussed at a meeting held the next day. In addition, consideration was given to:

- the organization of an injury prevention conference as part of the Sixth International Safe Community Conference to be held in South Africa in 1997;
- the development of a newsletter and a World Wide Web home page on injury control in Africa;
- the publication of the proceedings of the round table, including a document on the injury profiles of the participating countries, as a working document for African governments and international donor agencies;
- a summary of research findings for eventual publication;

- recommendations by participants, including actions required of governments and by persons involved in injury control.

It is undoubtedly feasible for developing countries in Africa and other regions to collaborate in the field of injury control. Such endeavours merit substantial support from governments and the international donor community.

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