resources for practice and research in injury prevention. The lack of training programs in the science of trauma and injury prevention, disability assessment, lifelong social and economic impact, and translating research into effective policies and programs is a serious impediment to analytical and operational work in this field.

Description This session will focus on innovative approaches for capacity development in the field of injury prevention in LMICs. Emphasis will be placed on efficient and sustainable approaches for capacity development.

Session chair: Adnan A. Hyder, Johns Hopkins International Injury Research Unit, USA

- Talk 1: Developing formal degree programs Dr. Olive Kobusingye, Makerere University School of Public Health, Uganda
 - Abstract: Formal degree programs targeted at building capacity for injury prevention practice and research are lacking in LMICs. This talk will highlight and discuss lessons learned from the development of the first MPH track focused on trauma, injuries, and disability at the Makerere University School of Public Health.
- Talk 2: Strengthening capacity for road safety policy Ms. Evelyn Murphy, World Health Organisation, Switzerland
 - Abstract: Improved legislation is key to sustaining gains in the road safety arena. This talk will discuss strategies and opportunities for building and strengthening capacity for effective road safety legislations in low-and-middle-income settings.
- Talk 3: Harnessing the potential of mobile technologies –
 Dr. Abdulgafoor M. Bachani, Johns Hopkins International
 Injury Research Unit, USA
 - Abstract: This talk will discuss the development and implementation of one of the first free online and ondemand certificate course for road traffic injury prevention and control in LMICs. The presentation will also highlight the powerful potential of mobile technologies for capacity development in an increasingly connected world.

Discussion and Q&A The session will end with a discussion on key lessons for developing sustainable capacity for injury prevention in low-and-middle-income settings.

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DEVELOPING FORMAL DEGREE PROGRAMS TO ENHANCE CAPACITY FOR INJURY PREVENTION & CONTROL IN LOW- AND MIDDLE-INCOME COUNTRIES: A CASE STUDY FROM UGANDA

¹Olive Kobusingye, ²Abdulgafoor M Bachani, ²Adnan A Hyder. ¹Makerere University School of Public Health, Uganda; ²Johns Hopkins International Injury Research Unit, Johns Hopkins Bloomberg School of Public Health, USA

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Background Despite the high burden of injuries, in many developing countries there is limited supply of trained human resources for practice and research in injury prevention. Formal degree programs are one way of building capacity, but are lacking in LMICs. The dearth of training programs in the science of trauma and injury prevention, disability assessment, lifelong social and economic impact, and translating research into effective policies and programs is a serious impediment to analytical and operational work in this field.

Methods We established the Johns Hopkins University-Makerere University Chronic Consequences of Trauma, Injuries and Disability in Uganda (JHU-MU Chronic TRIAD) program, through which we developed and successfully implemented one of the first MPH track focused on trauma, injuries, and disability at the Makerere University School of Public Health (MakSPH) in Uganda.

Results A new MPH track at the MakSPH focusing on trauma, injuries and disability was launched in 2013. The MPH program entails two years of study, during which students are trained on core public health disciplines, and also required to take courses focused on trauma, injuries, and disability. A key feature of the program is a dissertation that students complete during their second year of the program. Three cohorts have been enrolled in the 2-year TRIAD fellowship and the program is recruiting its fourth cohort of fellows. Graduates of the program have secured positions within key organisations, such as the Ministry of Health, and academic institutions.

Conclusions Embedding formal training programs on the science of injury prevention and control into existing academic structures is key to ensuring sustainability of such programs. They are also a way of sparking interest in the field for students who may not have otherwise considered the field of injury prevention as a career pathway.

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CAPACITY DEVELOPMENT TO LINK THE EVIDENCE BASE TO IMPROVING REGULATION IN ROAD TRAFFIC INJURY PREVENTION

Evelyn Murphy, Margie Peden, Melecki Khayesi. World Health Organisation, Geneva

10.1136/injuryprev-2016-042156.29

Background To support country work to improve national regulation on road traffic injury prevention, we developed various approaches and tools to enhance the capacity of staff in government and civil society organisations, mainly lawyers, to assess and develop evidence-based regulations. We use the term "regulation" in this presentation broadly to include laws that are enacted by national parliament and regulations issued by national or subnational ministerial or other executive branches of government.

Methods This presentation describes the approaches used to improve the skills, access to and use of evidence-based interventions to assess and improve regulations on road traffic injury prevention for lawyers and others involved in regulatory processes in public health or road traffic.

Results Since 2010, WHO has supported the improvement of road safely legislation in 12 countries with support from Bloomberg Philanthropies. In the early years of the capacity development programme (2012-2014), participants from 9 countries (Brazil, Cambodia, China, India, Kenya, Mexico, Turkey, Russian Federation, Viet Nam) were selected through a nomination process from WHO Regional and Country Offices. This phase focused primarily on providing face-to-face periodic training on skills and information on evidence-based road safety interventions. Starting in 2015 we launched a Legal Development Programme in 4 countries (China, Philippines, Thailand, United Republic of Tanzania) with the objectives of providing a range of learning opportunities for lawyers and other individuals involved in developing regulations and of improving their skills, access to and use of resources on evidence interventions to assess and develop evidence-based regulation. Participants were selected through a semi-competitive process taking into consideration their background, interest in the topic, the nature and extent of their involvement in public health or road safety regulation, and