Injury in low income countries

The burden of injuries as a major health problem has been recognised in two reports released in 1980, the World Health Organisation (WHO) and the World Bank. The Global Burden of Disease edited by C.J.L. Murray and AD Lopez and published jointly by WHO, the World Bank, and Harvard School of Public Health estimates that 10.7% of all deaths in the developing countries were due to injuries in 1990 as compared with 7.6% in the developed countries. The estimates for years of life lost due to injuries 3.1% of all deaths in the developing countries are expected to exceed communicable diseases.

The committee recommends that a special programme or initiative for research, training, and capacity building on injuries should be set up to focus on issues in low income countries. National governments of most Asian countries have set up any major injury control programmes. It is possible that the publication of these reports and associated changes in policies of international organisations would help researchers and health professionals in Asian countries to put pressure on their respective governments to give more importance to injuries as a health problem. However, it will not be easy to come up with ready-made solutions and countermeasures. Road traffic, work practices, and housing patterns in low income countries are different from those prevalent in high income countries. The situation in many low income countries is much more complex than that in those with a high income because of high income differentials and uses of modern technologies along with traditional ones. For example, London has never experienced the traffic problems prevalent in Beijing today. Therefore, it is very necessary for professionals in low income countries to do a great deal of original work to come up with countermeasures that are feasible and suit these new conditions. International collaboration to share ideas and experiences would certainly help along with training courses in basic principles of injury control.

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2 Ad hoc Committee on Health Research relating to Future Intervention Options. Investing in health research: a training course in injury control and violence prevention in March, attracting health workers from Maputo and Zimbabwe as well as South Africa. Delegates had the benefit of being guided in basic principles by Professor Dinesh Mohan and Dr Geetam Tiwari, both of the Indian Institute of Technology, and who acted as coordinators and primary trainers. Issues highlighted during discussion and consequently identified for long term action included the establishment of a Southern African Injury and Violence Control Networking Project and one of which I shall provide some details in my next report.

LETTERS TO THE EDITOR

More Safe Communities programs in Scandinavia have been evaluated: repeating the results from Falkoping

EDITOR — The first Safe Community program that we know of so far was developed in the early 1980s in Falkoping, Sweden. 

The ideas behind the program were taken up by communities in countries like Norway, Denmark, France, the UK, Canada, Australia, and New Zealand, among others. Independently, similar programs were developed in countries like Thailand, Indonesia, and later South America.

Much of the success in spreading this safety promotion idea was that the program descriptors were able to point to evaluation of effects, sometimes related to process. Lothar Schelps' academic thesis was based on an injury surveillance that started in 1978. The program showed a 27 – 28% reduction of injuries in the transport, home, and industrial safety areas in 1981. In the control areas there were no effects!

The idea was picked up in Norway, and the Vaeroy study was not only able to repeat the effects from Falkoping, but also to show an extensive long term effect with 58% reduction after eight years. Further programs in Sweden were also evaluated. For example in Lidköping, a study on child injuries showed, on average, a 2.1% (boys) to 2.4% (girls) annual decrease of injuries leading to hospital admissions from 1983 to 1991.1

In 1995, another doctoral thesis was released, this time from the University of Technology Norway. 4 It is based on five from international journals, focusing on effects of intervention over up to eight years from the Harstad Injury Prevention Study. Burns were reduced by 53%, transport injuries by 27%, fall fractures by 26%, and downhill skiing injuries by 15%. The corresponding injury rates increased in the control area (Trondheim) for traffic and fractures seemed to be unaffected.

In February 1996, during the Third International Conference on Injury Prevention and Control in Melbourne, Australia, the Danes showed their first data from the 5-Community Project presented to the 5th Scandinavian Committee on Injury Surveillance Unit, National Board of Health (Copenhagen). During 18 months, in 1990 – 2, in the intervention areas home and play injuries among children 0 – 5 years were reduced by 8%, and bicycle injuries in 6 – 16 years by 54%.

Thus, different Scandinavian countries appear to have achieved astonishing results attacking injury problems at the local com-
reduced conflicts by 80%. Another part of the discussion focused on law enforcement. An exchange of information between advocates and researchers was valuable. A paper by Britt et al showed that traffic law enforcement at increased motorist compliance with pedestrian traffic laws failed to increase drivers' willingness to stop for pedestrians. The authors state that altering the design features of the roadway to achieve traffic calming is likely to be more effective. Thus further contributions to this thread focused on crosswalk design and other environmental issues. Here's where the international perspective of PEDNET and the readers of Injury Prevention can be beneficial. Crosswalk design varies between countries. The US relies mostly on painted markings on the road surface, whereas British crosswalks are more elaborate and often include flashing (Belisha) beacons. Unfortunately, by international standards, both of these countries have higher than expected pedestrian injury rates.

Another thread addressed the role of legal liability. In much of Europe, the motorist is at fault for striking a child, whereas that is not the case in Britain and North America. More important, researchers need to determine the role of legal responsibility in injury reduction. Perhaps an Injury Prevention reader can help.

PEDNET participants also learn of the latest developments in politics. In many countries, transportation policy has become controversial. After the long, hot, and smog-ridden summer of 1995 in Europe, many people saw a connection between transportation policy accommodating car use and damage to the environment. Some protested road construction projects, notably at Twyford Down in Britain. This road project would have saved three minutes on the journey between London and Southampton, but would have sacrificed an area of historic and ecological importance. Protesters frequently framed the arguments against road construction in terms of injuries, and were successful in making transportation spending a campaign issue in the British elections.

In the US, pedestrian safety has also become a political issue. The national transportation advocates, Surface Transportation Policy Project (STPP), received press coverage for determining that people are nearly twice (1.6 times) as likely to be killed by a car while walking than by a stranger with a gun. Nevertheless, in all, just 10% of US federal money is spent on pedestrian safety, even though pedestrians account for 14% of motor vehicle-related fatalities. In urban areas, the disparity increases. In New York City, pedestrian deaths are 53% of the traffic fatalities, but the city spends only 5% of the safety funds on pedestrians. Other cities were even less likely to invest in pedestrian safety, and 36 states spent none of their federal safety money on pedestrian safety. Although 10 states mandate pedestrian safety, the proportion is smaller than people in railroad crossings, one tenth as much is spent on pedestrian safety. The STPP have asked for pedestrian safety projects, such as traffic calming, to receive federal safety funds at least proportionately to the number injured. Wouldn't that amount of money do wonderful things for pedestrians? Their report Mean Streets; Pedestrian Safety and Reform of the Nation's Transportation Policy is available on the world wide web at www.stpp.org.

PEDNET
Threads from the Pedestrian Network (PEDNET)
The lively discussions on PEDNET frequently include safety issues. One recent topic focused on efforts to encourage motorists to stop for pedestrians in crosswalks. Much of the discussion about how this could be achieved involved elements of epidemiology, education, law enforcement, and environmental modification. It was evident, however, that concerns about violations of crosswalk rules differ widely. Whereas Injury Prevention readers worry about the injuries resulting from these violations, others worry about dangerous drivers scarcing walkers. Reducing exposure is one way to prevent injuries, but it is difficult to imagine discouraging walking as a prevention strategy! Indeed, according to Injury Prevention programs that rely on deterrence (for example avoid walking at night).

Sally Flocks (of Walk Atlanta, pedast@sol.com) initiated a PEDNET thread by asking about the use of signs to mark crosswalks. Most participants agreed the current sign used in North America (a figure walking between two lines) fails to convey that the law requires motorists to stop for the pedestrian. Participants proposed other signs that might be better. I reported that one study showed that a sign reading "Stop Here for Pedestrians"
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Inj Prev 1997 3: 230-231
doi: 10.1136/ip.3.3.230

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