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 on-demand 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.

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

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

10.1136/injuryprev-2016-042156.28

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.

29 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

commitment to play an active role in improving legislation in public health or road safety in their country. The level of engagement of the Legal Development Programme members in regulatory mechanisms on the topic in country has also been enhanced.
Conclusions During 2012–2014 participants who regularly took part in face-to-face workshops showed longer-term and active involvement in improving road safety regulation in their country. Countries supported also showed better improvement in evidence-based regulation (either in the number of changes or in the extent to which the changes are in line with evidence). Although the impact of the Legal Development Programme has not yet been assessed, it has so far generated greater interest than the previous capacity development programme (through an increase in number of participating members since the launch) as well as more active involvement in various aspects of the road safety regulatory process.

30 CAPACITY DEVELOPMENT FOR INJURY PREVENTION & CONTROL IN LOW- AND MIDDLE-INCOME COUNTRIES: HARNESSING THE POTENTIAL OF MOBILE TECHNOLOGIES

Abdulgafoor M Bachani, Nino Paichadze, Adnan A Hyder. *Johns Hopkins International Injury Research Unit, Johns Hopkins Bloomberg School of Public Health, USA*

10.1136/injuryprev-2016-042156.30

Background Internet and mobile connectivity have increased exponentially around the globe over the last decade. Consequently, technological advances have made a diverse range of options available for multimedia consumption, and led to the development of a variety of platforms for distance education. While other disciplines have taken advantage of these platforms to expand the reach of training and capacity development programs, this has not been the case for the field of injury prevention and control.
Methods We established the first free online and on-demand program on Road Traffic Injury Prevention and Control in Low- and Middle-Income Countries (RTIP). The program is comprised of six educational modules spanning the very basics of RTI prevention, key concepts, risk factors for RTIs, injury surveillance systems, evaluation design for RTI prevention programs and how to influence public policy. Although specifically designed with a foundation in public health approaches to the problem of RTIs, the program is applicable to many contexts – especially for persons without formal training in research methods as is the case in many LMICs. The program is self-paced – participants must complete pre- and post-evaluations to advance between the modules in the program's sequence.
Results RTIP was launched in April 2013, and since then has had 1,542 enrolments from 132 countries. Among those who advance from the first module, 43% go on to complete the program. 63% are male, with the majority of participants being between the ages of 20–49 years. Most of the participants have either a Bachelors or Masters degree (69%), and 73% are either working professionals, students, or government officials. Only 16% of the participants identified themselves as researchers. A wide range of disciplines are represented by the participants with the top 5 being Public Health (23%), Engineering (14%), Transportation (9%), Social Sciences (8%), and other health sciences (7%).
Conclusions As seen from the RTIP program online platforms present a remarkable opportunity for the field of injury prevention to expand the reach of capacity development programs—to persons in resource poor settings who may not have access to formal training programs, or those who may be interested in continuing education.

Pre-Conference Sessions Sunday 18.9.2016 10:00–12:00

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31 DEVELOPING AND EVALUATING TRAUMA CARE SYSTEMS IN LOW- AND MIDDLE-INCOME COUNTRIES (LMICS): EXPERIENCES IN AFRICA

[1]Adnan A Hyder, [1]Isaac Botchey, [1]Amber Mehmood, [2]Olive Kobusingye, [1]Junaid Razzak. *[1]Johns Hopkins International Injury Research Unit, USA; [2]Makerere University School of Public Health, Uganda*

10.1136/injuryprev-2016-042156.31

Background Injuries kill more than 5 million people around the world each year. More than 90% of these deaths occur in low- and middle-income countries (LMICs), and road traffic injury (RTI) is the most common mechanism of fatal injury, with an estimated 1.24 million deaths per yea. RTI fatality rates are two to three times higher in LMICs than in high-income countries (HICs), due to a variety of factors including differences in road construction, vehicle conditions, and the existence and enforcement of laws regulating safety behaviours. An additional factor is the lack or poor quality of trauma care systems in many LMICs. As a consequence, fatality rates for the moderately and severely injured are more than 50% higher in LMIC than in the United States, and an estimated 1.73 million lives could be saved each year if trauma care capabilities could be brought to par with those of HICs.
Moderator Dr. Adnan A. Hyder, Johns Hopkins International Injury Research Unit (JH-IIRU, USA)

- **Welcome and overview of trauma in low- and middle-income countries –** *Dr. Adnan A. Hyder,* Johns Hopkins International Injury Research Unit, USA
- **Talk 1: Efforts to improve the care of the injured in Kenya – successes and struggles –** *Dr. Isaac Botchey,* Johns Hopkins International Injury Research Unit, USA
  - Abstract: Kenya is a LMIC in East Africa with a population of 40 million people. Injury is the second leading cause of death after HIV/AIDS in Kenya and the number of people injured is on the rise. There is a lack of coordinated, integrated pre-hospital, hospital and rehabilitative care in Kenya. The Bloomberg Philanthropies Global Road Safety Program (BPGRSP) was a five-year, ten-country effort to reduce the mortality associated with RTIs. The goal of the Johns Hopkins International Injury Research Unit's (IIRU) trauma care activities in Kenya was to improve the care of the injured through a systematic, multi-faceted, evidence-based approach. A literature review and a trauma system profile was performed based on which a nine point plan was set to achieve our objective. The nine-point plan was centred on stakeholder engagement, trauma registry development and implementation; pre-hospital and hospital care training as well as strengthening of trauma-care legislation.