

REFERENCES

- 1 Sustainable Development Goals. <https://sustainabledevelopment.un.org/index.php?menu=1300>
- 2 World Health Organisation. (2015). Global Status Report on Road Safety 2015
- 3 All data from World Health Organisation. (2015). Global Status Report on Road Safety 2015
- 4 UN General Assembly Resolution April 2016
- 5 Bloomberg Philanthropies (2013). *Leading the Worldwide Movement to Improve Road Safety*. http://www.bloomberg.org/content/uploads/sites/2/2014/04/Bloomberg_Road_Safety_Midway_Report_Final.pdf
- 6 www.globalincap.org
- 7 www.irap.net
- 8 Social Finance & Impact Strategist. *'Breaking the Deadlock: A social impact investment lens on reducing costs of road trauma and unlocking capital for road safety'*. FIA Foundation Research Series, 2015
- 9 www.childhealthinitiative.org
- 10 <http://www.wrirosscities.org/news/reducing-speeds-sao-paulo-brazil-leads-record-low-traffic-fatalities>
- 11 <http://data.unicef.org/child-mortality/under-five.html>

9 EQUITY IN ACCESS TO INJURY PREVENTION AND TRAUMA CARE

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There is a price tag to everything. We are all too aware of the hidden costs of almost anything we undertake for personal development. The more enterprising in society are often those who have figured out how to pass the cost on to other people. Likewise, when it comes to the weightier matters of developing entire countries, it appears that the more enterprising countries, called High Income Countries, also found ways of passing the cost to the less enterprising, often called the Low Income Countries. Within the LICs, the wealthier in society pass the cost to the poorer, and so on and so forth, until the poorest and weakest in any society bear the ultimate cost, ensuring the status quo. So the list of the countries with the highest rates of any type of injury, with the exception, perhaps, of teen suicide, mirrors almost exactly the list of countries with the lowest incomes. But is this pattern set to continue, or are there ways in which the cycle can be broken, so that even when national and community incomes do not rise substantially, injury prevention can thrive, and trauma care can improve? The presentation will explore examples, both positive and negative, of injury prevention and trauma care which defy the set income-safety trap, and propose ways in which countries and communities can promote safety and provide equitable trauma care irrespective of income levels. Other causes of inequity, such as race, gender, and age, will be explored as well.

Plenary Session Wednesday 21.9.2016 13:00–14:30 Solutions for the Future

10 FUTURE CHALLENGES AND SOLUTIONS FOR SAFETY IN CHINA

Lilei Duan. *Director of the Division of Injury Prevention at the National Centre for Chronic Disease Control and Prevention, Chinese Centre for Disease Control and Prevention (China CDC)*

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Injury ranks the fifth death cause and accounts for 8% of the total death of the population in China. Injury gives rise to more disabilities. For every death, it is estimated that there are dozens of hospitalizations, hundreds of emergency department visits and thousands of doctors' appointments. A large proportion of people surviving their injuries incur temporary or permanent disabilities. Analysis of the Global Burden of Disease (GBD) suggests that China's burden of injury has decreased since the data series began in 1990, especially suicide and drowning. Meanwhile, it can be seen that death caused by road traffic injury and fall has been still increasing. Emerging types of injuries bring major challenges, such as electric bicycles related road traffic crashes and injuries, floating-people and floating children-specific injuries, interpersonal violence and etc. The real pictures of these topics should be described by the further studies to develop the proper intervention strategy and measures.

The multi-disciplinary integration and multi-sectoral cooperation principle of injury prevention should be followed to face the injury situation and enhance the injury prevention in China in the process of the rapid economic and social development at now stage and in the future. Combinations of different domains, such as scientific research and policy development, empirical theory and innovation, traditional medicine and modern medicine are also critical. It is the time for us to shape the injury problem and develop injury-prevention strategy and measures with foresight cutting-edge technology to face the challenges to reduce the burden of injuries.

11 SOLUTIONS FOR ACTIVE PEOPLE

Caroline F Finch. *Australian Collaboration for Research Into Injury in Sport and Its Prevention, Federation University Australia, Ballarat, Australia*

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Preventing sport and active recreation related injury is a global priority given its large contribution to both injury-related morbidity and longer-term chronic ill-health. Many interventions have the primary goal of reducing the risk of injury in those who play formal sport. For example, evidence-based exercise-training programs have been developed to improve neuromuscular control in the lower limb with the aim of preventing a range of lower limb musculoskeletal injuries. The talk will begin with an overview of the global evidence supporting the implementation of exercise training programs for injury prevention in sport.

Importantly, the success of such programs depends upon their adoption, implementation and maintenance by the people who deliver sports and sport training sessions, such as coaches, sports conditioning personnel, sports administrators and allied health professionals associated with teams and active people. The majority of these people work outside of the healthcare delivery system and there can be significant challenges in engaging them as the key delivery agents for safety interventions. This talk will present the latest knowledge about adopting a broad systems approach towards engaging key sport injury prevention delivery agents and end-users (coaches, conditioning staff, players/athletes, league and club administrators, peak sport bodies, etc.) in prevention efforts from the outset.

Understanding why evidence-based interventions for active people are/are not implemented is now well recognised as an international challenge for sports injury prevention research and practice. The talk will conclude with a discussion of the most pressing prevention practice and research needs relating to understanding implementation contexts and processes, including