REGIONAL REPORTS

Southern Africa (and beyond) report

I am constantly aware that most of my reports selfishly concentrate on happenings in Southern Africa. Occasionally, I am able to glean the odd item on what is happening further north from news reports, what little there is on the internet, or from that outstanding monthly, “BBC Africa”. Rather than bore readers with poor excuses for this imbalance, may I rather reconfirm that I would welcome news (in any form whatsoever) related to childhood injury in Africa, and inclusion of which would allow this column to become more representative of the entire continent than it currently is. Those who are kind enough to submit news items will be personacknowledged.

Having got that off my chest, I am thrilled to report on a fresh and exciting injury prevention campaign that has been hatched in Uganda, thanks to both support and input of local and international agencies. I am extremely grateful to Dr Olive Kobusingye, Director of the Injury Control Centre based at Makerere Medical School in Kampala, for providing me with the following information:

“Representatives from Ethiopia, Kenya, Uganda, Zambia, Zimbabwe, South Africa, and the World Health Organization (WHO) met on December 15–17 in Entebbe, Uganda at the request of the Ministry of Health to develop a common data format for injury surveillance. The adoption of a standardized minimum data set for hospital based injury surveillance was discussed. A trauma registry format tested and used by the ICC-U will be presented to injury control workers in participating countries for consideration. A working group will develop a common trauma registry system in these countries. The single page trauma registry format includes ICD-9 categories of injury, a severity instrument (the Kampala score), victim and event information, and intentionality. Operate definitions for the registry have been written, and the form has already been tested in Uganda and Ethiopia. The trauma registry format is sufficient for base line injury measurements while at the same time keeping the form short and simple enough for a range of health workers to fill out”.

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British green papers highlight injury prevention

In February 1998, the British government published two green papers (consultative policy statements) for England and Scotland: Our Healthier Nation and Working Together for a Healthier Scotland. These outline a strategic approach to public health that build on earlier target setting exercises that have met with limited success.

The green papers are especially noteworthy in that the New Labour administration explicitly recognises the strong association between poverty and poor health and the need to tackle the former (as well as lifestyle and behaviour) in the context of a comprehensive health promotion strategy.

For England, 12 year targets will be set to reduce mortality and morbidity in four priority areas: heart disease and stroke, accidents, cancer, and mental health (suicide). Targets do not feature prominently (although they are not ruled out) in the Scottish paper which, in addition to the above four areas, flags up a number of others, particularly teenage pregnancy and dental health.

The green papers have been broadly welcomed by public health professionals. Disappointment has been expressed however on two main counts. First, no targets have been set to monitor progress towards reducing the widening socioeconomic inequalities in health in the UK. Second, the proposed action seems weak on specific, sustained, and adequately resourced measures designed to make a major impact on the underlying social, environmental, and economic causes of ill health. Moreover, while the poorer health (including injury) record of the Scots is acknowledged, this is not backed up by a commitment to mount a proportionately more vigorous health improvement programme north of the border.

For injury prevention professionals, the statements are a mixed blessing. On the positive side, “accidents” have held their place as priority areas in both England and Scotland. Unfortunately, the writers of the green papers have clung to an outmoded and discredited terminology, have offered virtually no new ideas to address the injury problem, and have proposed targets that are likely to be met in the absence of any further policy initiatives whatsoever. Cynics might argue that therein lies the huge political appeal of the target setting exercise!

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LETTERS TO THE EDITOR

Safety strategies

EDITOR,—Jan Shield is to be commended for rallying the troops in favour of “active” safety strategies, and most of her arguments in favour of education and enforcement would undoubtedly be valid in a developed country. However I would like to offer two contrasting viewpoints on the subject which are based primarily on personal observations related to the challenges of traffic safety confronting us in a cash strapped, developing country.

Firstly, in support of passive measures is the increasing strain placed on the human and financial resources essential to conceive and sustain education programmes and law enforcement, particularly in developing countries. As such, traffic calming measures are likely to be more effective than nothing—simply because there is no affordable solution to undesired traffic flow on a
particular thoroughfare. Twelve months ago, the community in which I live opted for a system of restricted entry through the suburb to reduce to number of "rat runners" speeding along a particular route during the early morning. At the time the system was put in place, law enforcement of the system was sufficiently regular to be taken for granted, and to ensure an 86% reduction in traffic flow. Then, three months ago, the traffic department underwent severe rationalisation, and several street watchers were terminated. Now there is no enforcement of the restricted entry system and the "rat runners" are back in force. In retrospect, a passive measure such as closure of the main access road would obviously have been the better choice. In South Africa, where formal education is limping along on a shoestring budget, and law enforcement (for a multitude of reasons) is virtually non-existent in some areas, the option of passive safety measures must be placed high on any agenda—certainly where traffic safety is concerned.

Against what I have argued above is a word of caution. Just as active measures may fail, so may the too hasty adoption and construction of passive measures which is inappropriate for the identified purpose. Possibly because environmental modification may be the quickest and cheapest solution to an injury hazard—a form of instant gratification—the device too hastily chosen may fail dismally to counter hazard simply because of a lack of adequate research into the hazard itself, or failure to consult expert opinion before firing up the cement mixer. Again, in South Africa, I notice a growing trend for traffic calming measures to be demanded by community groups, often in response to a spate of casualties in a residential area, because a particular intersection has been identified as a "black spot". Lay people may go one step further and put pressure on a municipality to construct a specific kind of device, speed humps being particularly popular, although by no means a panacea where the hazard may be brought by the complexity of factors of which vehicle speed is only one. Also, piecemeal engineering may simply divert a hazard elsewhere so that it becomes the problem of a neighbouring suburb instead.

The most effective passive strategies may simply be the ignoring of hazard planning rather than hoping vainly that a "finger in the dyke" approach will plug the gaps later on. Resorting to an ad hoc solution reflects that town planners eschewed safety considerations from the outset and the attitude that concedes such blinkered thinking must be discouraged. There is currently a backlog of over two million subsidised houses in South Africa. These can be constructed either according to an approved building plan which could be a complex of factors, and many attendant hazards, or by careful planning that can ensure that safety features are built into the scheme as a whole, for example sufficient recreational space and play areas, shorter streets, restricted access for through traffic, etc. In that effective, enduring passive safety measures do indeed require foresight, research, and careful consideration, these should not be either reserved to a designated area as a "cop out", or even worse, as a quick fix.

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1 Shield J. Have we become so accustomed to being passive that we've forgotten how to be active? Inj Prev 1997;3:234–4.

Injuries in less industrialised countries

EDITOR,—I read with interest the report by Mohan published in December.1 I agree that "Priorities for injury control have to be based on intelligent assessments of official statistics. This is what prompted me to call attention to the improper use of the word "rate" as presented in the second paragraph, where the author writes "...the rate in India (8.6) is..." in reference to table 1 “Distribution of deaths as a percentage of regional total”.

Rates and proportions (expressed as percentages) are different. A rate is the ratio of two different quantities (generally symbolised by the equation a/b) while a proportion is the result of dividing two quantities where the numerator forms part of the denominator (symbolised by the equation a/(a + b)). A proportion multiplied by 100 is a percentage.

Rates and proportions are not synonyms. It seems the author meant to say "percentage" and not "rate". This mistake could confuse those beginning in the field of epidemiology, prompting them to think that "percentage" and "rate" are synonymous terms. I disagree.

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BOOK REVIEW


In Target Risk, Professor Gerald Wilde of Queen's University in Ontario, Canada assembles an impressive body of theory and evidence to support a provocative conclusion: the only effective strategy for achieving substantial and durable reductions in the rate of injury in a population is to increase people's desire to be safe and healthy. Traditional measures of injury prevention—engineering, education, and enforcement—are doomed to failure because they do not alter the "target levels of risk" that govern risk taking behaviors. The process of "risk homeostasis" will ultimately undermine all non-motivational countermeasures, since people will alter behaviors to achieve an equilibrium between the overall amount of risk they perceive and their overall desired level of risk. The key to success, Wilde argues, is "expectationism": promoting people's interest in their future wellbeing in order to motivate adoption of smaller risk targets.

Inj Prev first published as 10.1136/ip.4.2.161-a on 1 June 1998. Downloaded from http://injuryprevention.bmj.com/ on June 13, 2021 by guest. Protected by copyright.
Wilde is not arguing that people enjoy or seek risk of injury. Like behavioral decision analysts and economists, he postulates that people select or accept risk targets in order to achieve other desired ends in life. When safer highways are built, drivers trade some or all of the extra safety for faster travel speeds and more relaxation (and inattention) in driving. When road conditions deteriorate (due to ice or fog), people sense elevation in risk and respond by slowing down and driving with more caution. Using variations on this adaptation theme, Wilde challenges the effectiveness of mainstream injury prevention measures: seat belt laws, antilock brakes, traffic lights, driver training/education, crackdowns on speeding and driving, highway design improvements, motorcycle helmet laws, you name it! Even more provocatively, Wilde hints that any long term progress that you name it! Even more provocatively, Wilde hints that any long term progress that

When road conditions deteriorate due to ice or fog, drivers tend to slow down and drive more cautiously. Wilde emphasizes the need for more care and responsible driving, especially when road conditions are poor.

**One of the strengths of the pedestrian e-mail network, PEDNET, is its diverse background of the participants. Last month, a physicist, Alan Streater (ads4@lehigh.edu), used his analytical skills to examine how major newspapers covered 42 motor vehicle pedestrian deaths. He termed his analysis “quick and dirty” but it provides insight into the quality of coverage.**

He categorized the wording in the reports into neutral, slightly biased against the pedestrians (for example, pointing out twice that it was dark or that the pedestrian was not on a crosswalk), or very biased against pedestrians (for example, “darted out”, “ran out into traffic”, etc). He found the wording was mostly neutral in 26 out of 42 (62%), partially biased in five cases (12%), and clearly biased in 10 cases (24%). In six cases (14%) the report provided additional wording to excise the driver, such as “it was raining and hard to see”. There were no cases in which wording appeared to exonerate the pedestrian in any way.

Alan had a disturbing observation—that newspaper reporters obtain their understanding of the fatality from police reports. He sees the need for a more careful analysis of biased language in newspaper coverage and, perhaps more importantly, police reports. The consequences of this bias may be much better public perception; this bias may also jeopardize the prosecution of dangerous drivers. He also recommends paying more attention to international and national differences in bias. He also reported the coverage of charges filed. A driver was reported to be charged in only one case out of 42 (2%). In all other cases (98%), the police apparently did not even issue a traffic ticket to the driver at the scene of the crash or shortly thereafter. In six cases (14%), the crash was reported to be still under investigation, implying that there is a chance that some of these drivers might be charged later. Two cases were hit and run, and in one case the driver died. This analysis closely matches Amy Lightstone’s recent analysis of drivers who kill child pedestrians. She found that 214 out of 237 drivers were not cited (90%). Can something be done to change this obviously dangerous situation?

Another, the diversity of PEDNET participants provides insight into addressing driver behavior. Osias Baptista Neto (techtran@ouro.alcance.com.br) reported that Brazil has reduced casualties dramatically after a change in traffic law at the beginning of the year. The new law recognizes that vehicular homicide may be unintentional but none the less results from risky behavior. Killing another person in a traffic crash results in imprisonment for two to four years, and a suspension or revocation of the driving license. It increases the penalty by half for striking a pedestrian in a crosswalk or on the sidewalk (pavement). He reports that preliminary data show a 70% drop in casualties in the major cities like Sao Paulo, Belo Horizonte, and Curitiba.

His report illustrates the benefits of global comparisons of injury control efforts. Osias has contributed to the English speaking world, but extra effort is required to reach beyond the barrier of differing language.

The barrier is especially significant with legal terms and concepts. However difficult to analyze, injury prevention specialists need to examine international differences in how legal systems treat motor vehicle injuries.