Injury in low income countries

The burden of injuries as a major health problem has been recognized in two reports released recently by the World Health Organisation (WHO) and the World Bank. The *Global Burden of Disease* edited by CFIJ 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 reveal that 16% of the total are reported to be 16% in established market economies, 20% in China, 11% in India, and 14% in other Asian countries. An ad hoc committee on health research relating to future intervention options established under the auspices of the WHO has published a report *Investing in Health Research and Development*. One of the conclusions of the report is that ‘the burden due to injuries could equal that due to communicable diseases world-wide by 2020. In several developing regions including China, and Latin America and the Caribbean, injuries 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 initiated 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 very 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 a traffic injury prevalence as reported 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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1 Murray CFIJ, Lopez AD, eds. The *global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020*. Cambridge, MA: Harvard University Press, 1996.

2 Ad Hoc Committee on Health Research Relating to Future Intervention Options. *Investing in health research and development*. Geneva: World Health Organisation, 1996.

**Southern African report**

The editorial in a recent issue of the *Lancet* related the United Nations’ (UN) renewed efforts to resurrect basic living standards in sub-Saharan Africa. Certainly the current statistics are enough to sadden and shock even the toughest ‘aid’ worker. No access to clean water for 52% of Africans, 68% without proper sanitation, 50 million children with protein energy malnutrition, maternal mortality rates of 62–1000 per 100 000 live births — the list goes on and on. Not a ‘dark’ continent any longer, Africa seems rather to have become invisible to the captains of international industry and other investors who cite political instability, shaky infrastructure, and rampant corruption as the reasons for their reticence. The UN System-wide Special Initiative on Africa launched in 1996 will include initiatives to support, among other priorities, education, health, and the environment. This undertaking is fuelled by an operating budget of $25 billion, and might be the continent’s best (and last) opportunity to climb out of the abyss.

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1 WHO. Reducing childhood injuries through a participatory approach. Geneva: World Health Organisation, 1996.

2 Ad Hoc Committee on Health Research Relating to Future Intervention Options. *Investing in health research and development*. Geneva: World Health Organisation, 1996.

3 Human Rights Watch. *Violence against women: the rights to health, life and choice*. New York: Human Rights Watch, 1997.
Random thoughts1 on bicycle helmets

EDITOR. - If we get bicycle helmet laws, don’t we then need pedestrian helmet laws? Lots of child pedestrians, many more than child bicyclists, are hurt by cars.

Or is the answer to get drivers not to hit people? (Or kids, if you want to limit it.) Isn’t that what’s needed, hard as it is?

Thanks for thinking about, and taking a position on, a hard subject.

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1 Pless IB. Random thoughts. Injury Prevention 1997; 3: 73.

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 scaring walkers. Reducing exposure is one way to prevent injuries, but it is difficult to imagine discouraging walking as a prevention strategy! Indeed, according to a recent policy evaluation, walk prevention programs that rely on deterrence (for example avoid walking at night).

Sally Flocks (of Walk Atlanta, pedals@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' 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 aimed at increasing motorist compliance with pedestrian traffic laws failed to increase drivers’ willingness to stop for pedestrians. The authors note 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 information on 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, transport 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 proposed 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 site 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 transportation 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% of North American pedestrians die than the people in railroad crossings, one tenth as much is spent on pedestrian safety. The STPP have advised 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 National Transportation Law is available on the world wide web at ewg.org.

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1 Van Houten R, Malefanti L. The influence of signing prompt in a driver education policy that required marked crosswalks on motor vehicle-pedestrian conflicts at crosswalks with flashing amber. Accid Anal Prev 1985; 17: 169 – 72.

2 Britt JW, Bergman AB, Moffet J. Law enforcement, pedestrian safety, and driver compliance with traffic regulations. In a four-year campaign in Seattle. Trans Res Rec 1995; 1485: 160 – 7.

BOOK REVIEWS

Injury Control—A Global View. By Lawrence R Berger and Dinesh Mohan. (Pp 292; US$35.) Oxford University Press, 1996. ISBN 0-19-563680-5.

Published in 1996, and initiated by the World Health Organisation (WHO) Injury Prevention Program, the goal of this book was, in the words of the foreword written by Claude Romer, to 'provide an overview of the current status and trends of injuries in countries throughout the world'. This it does and does well. In many regions, and perhaps globally, the authors state that the role of injury reduction takes an increasing role of injury research and control, and the role of all health professionals in addressing injuries as a public health problem. In this sense, the book succeeds in its third goal—reach the intended broad target audience—another matter. The dust cover suggests it would be of interest to health professionals, policy makers, community health workers, and students of medicine, nursing, and public health. We fear too many of these do not even know this book exists.

Injury Control effectively outlines the trends in injury in both the lower income countries and higher income countries, delineating the similarities and differences in the etiology and outcomes of injury in the two world areas. It is grounded in the theoretical framework of the Haddon Matrix, founded in the chapters on 'Translating Concern into Action' and 'Injury Control Interventions' make it especially useful to program managers. Moreover, the numerous tables and pictures make it accessible to the novice and the appendices add to its value. The book makes evident that the problems are multinational, so that 'pesticides used by South American farmers appear in foods on dinner tables in Europe and North America', and conversely, 'automobiles made in Japan, Korea, and the USA traverse the roads of Thailand and Argentina'.

However, while it addresses the special socioeconomic influences on injury in the low income countries it does not delve deeply into underlying issues such as religion