Organizing a pilot project on injury surveillance.

Opportunities and Obstacles

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Multinational Injury Surveillance Study

Background

- Initiative emerged out of the last two World Conferences on Injury Prevention and Control
- And pre-conferences on war related injuries...
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Comments from:

- Alberto Concha, MD, MPH
  Regional Advisor on Injury Prevention
  Pan American Health Organization/WHO

- Carme Clavel-Arcas, MD, MPH
  Centers of Disease Prevention and Control
  National Center for Injury Prevention and Control
  Center of Disease Control and Prevention – CDCP

- Dr. Olive C. Kobusingye
  Regional Advisor Disability / Injury Prevention and Rehabilitation
  WHO Regional Office for Africa
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Presented at ICE on Injury Statistics Meeting in Cuernavaca, México June 1-2, 2005
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• PI: Diego E Zavala, MSc, PhD, Ponce Medical School, Puerto Rico
• Project Administrator: Maria Valenti,

International Physicians for the Prevention of Nuclear War (IPPNW)
Participating Countries

**DRC**
- Co-PI: Simon Bokongo, MD (IPPNW)
- Area:
  - Kisangani: K.U.T. Hospital
  - Bukavu: Bukavu General Hospital
  - Panzi: Panzi General Hospital
  - Goma/Katwa: Goma & Katwa Gen. Hosp
  - Bunia: Bunia General Hospital
  - Kindu: Kindu General Hospital

**Kenya**
- Co-PI: Walter Odhiambo, MD (IPPNW)
- Area:
  - Nairobi: Kenyatta Nacional Hospital
  - Rift Valley: Naivasha District Hospital
  - Eastern Prov: Machakos Provincial Hospital
Participating Countries

AFRICA

Uganda

- Co-PI: Peter Olupot, MD (IPPNW)
- Area:
  - Mbale: Mbale Regional Hospital
  - Kumi: Kumi Hospital
  - Toroto: Toroto Hospital

Zambia

- Co-PI: Robert Mtonga, MD (IPPNW)
- Area:
  - Lusaka: Univ. Hospital
  - Kafue: Nangonwe Hospital
  - Kalomo: Kalomo District Hospital
Participating Countries

AFRICA

Nigeria

- Co-PI: Ime John, MD (IPPNW)
- Population: 128,771,988
- Area:
  - Kano: National Orthopedic Hosp

Aminu Kano Hospital
Participating Countries

LATIN AMERICA & CARIBBEAN

Bolivia

Colombia

Puerto Rico

Brazil

El Salvador
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- the smallest and the most eastern island of the Greater Antilles
  - approximately 161 km. long, 55 km. wide.

Puerto Rico

- 3.8 million people (US Census 2000)

- 690 persons/Km²
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Phase I:

- Development of Questionnaire
  - PAHO/CDC form
  - Electronic format – Epi Info
  - Manual

- Retrospective review of 30 cases in previous six months

- Presentation of results to ED medical professionals.

Ongoing
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Phase II:

- Secure funding
  - Govt. of Canada

- Regional training (TOT)
  - Held in Nairobi
  - March 27th – 30th, 2006

- Begin 12 month prospective data collection in all sites.

Tentative date June 1, 2006
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Output:

- National:
  - Hospital
  - Government
  - Community?

- International:
  - IPPNW / IANSA
  - Conferences
  - Journals

8th World Conference on Injury Prevention and Safety Promotion

April 2nd - 5th 2006
South Africa
ICC Durban
Opportunities

- Response to WHO recommendations.
- Interest & enthusiasm.
- Develop experience in international collaboration efforts.
- Foundation for further research efforts.
Opportunities

- Response to WHO recommendations/observations in that:
  - Many countries, specially in underdeveloped regions lack injury surveillance systems that would provide reliable data on injury.
  - Call for enhancing capacity for collecting data on violence at the national level in developing countries
  - Lack of data has made multinational comparisons difficult.
**Multinational Injury Surveillance Study**

**Opportunities**
- Response to WHO recommendations.
- Interest & commitment.
- Develop experience in international collaboration efforts.
- Foundation for further research efforts.

**Obstacles**
- Communication
- Funding
- Coordination via internet?
- Local socio-political realities
From the 19th International Papiloma virus Conference. Florianopolis, Brazil, Sept. 2001*

- In-depth interviews with government health officials in seven developing countries in the Americas region.

- Revealed the complex factors and competing priorities facing decision makers in the successful implementation of cervical cancer prevention strategies.

- The opportunities and obstacles identified in the implementation of such strategies can easily be applied to injury prevention.

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**Barriers**

- limited availability of funds, particularly from donor organizations;
- absence or deficient infrastructure for cervical cancer (injury) prevention;
- lack of reliable data of cancer (injury) incidence; and
- limited understanding by health officials about the disease (injury) itself and of its impact, specially in older women (youth).

**Opportunities**

- reliable information on cervical cancer (injury) incidence and mortality data that demonstrates the extent of the problem and the financial implications of the disease for the country.
- this information together with provision of technical assistance is needed to develop sustainable cervical cancer (injury) prevention initiatives in developing countries
- for which donors may be more willing to support

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UPDATE

- Regional training (TOT)
  - March 27th- 30th 2006
  - Nairobi, Kenya
  - Share materials, including CDC’s latest manual of Injury Surveillance Systems.
  - Discuss recommendations from regional WHO offices (America and Africa) and CISALVA (Colombia)
  - On site practice in data collection at Kenyatta National Hospital ED
  - On site practice with data-entry (Epi info)
  - Timetable agreements
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27/03/2006
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Thank you