

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

Multinational Injury Surveillance Study

- **Presented at ICE on Injury Statistics Meeting in Cuernavaca, México June 1-2, 2005**

Multinational Injury Surveillance Study



- 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

AFRICA

DRC



- Co-PI: Simon Bokongo, MD (IPPNW)
- Population: 58,317,930 (2004)
- 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

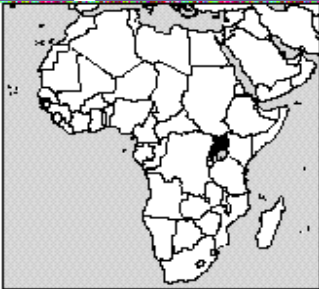


- Co-PI: Walter Odhiambo, MD (IPPNW)
- Population: 32,021,856 (2004)
- Area:
 - Nairobi: Kenyatta Nacional Hospital**
 - Rift Valley: Naivasha District Hospital
 - Eastern Prov: Machakos Provincial Hospital

Participating Countries

AFRICA

Uganda



- Co-PI: Peter Olupot, MD (IPPNW)
- Population: 26,404,543 (2004)
- Area:
 - Mbale: Mbale Regional Hospital**
 - Kumi: Kumi Hospital
 - Toroto: Toroto Hospital

Zambia



- Co-PI: Robert Mtonga, MD (IPPNW)
- Population: 10,462,436 (2004)
- 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



Multinational Injury Surveillance Study


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

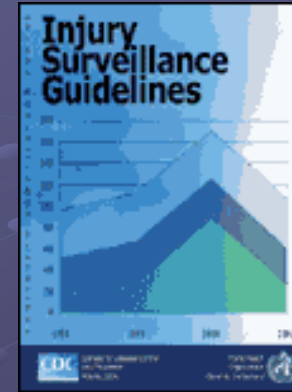
Puerto Rico

- 3.8 million people (US Census 2000)
- 690 persons/Km²

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● Phase I:

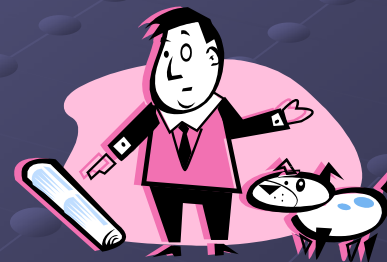
- Development of Questionnaire 
 - PAHO/CDC form
 - Electronic format – Epi Info
 - Manual
- Retrospective review of 30 cases in previous six months
- Presentation of results to ED medical professionals.



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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

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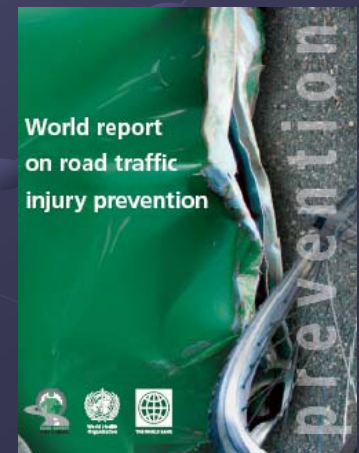
● Opportunities

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

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● 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.



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● 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

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● From the 19th International Papiloma virus Conference. Florianópolis, 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.

*Herdman, C., Sherris, J., Bingham, A. Bringing about change: Policy development for cervical cancer prevention in low-resource countries. Abstract No. O-49. 19th International Papillomavirus Conference. Florianópolis, Brazil. September 1-7, 2001.

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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**).

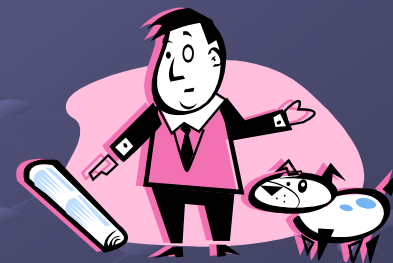
● Opportunities

- 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- 30st 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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Thank you