

LETTER TO THE EDITOR

Injury Prevention Initiative for Africa: Achievements and Challenges

Ronald Lett¹, Olive Kobusingye²

1. Associate Member Representative, IPIFA

2. Secretary General, IPIFA

INTRODUCTION:

We would be most grateful if you brought to the attention of the readers of African Health Sciences, the following information for IPIFA. The Injury Prevention Initiative for Africa (IPIFA) ratified its constitution at the fourth Annual General Meeting in February 2001. At that meeting, members from 8 African countries, and Associate members present, chose 9 representatives to constitute the IPIFA steering committee. The countries represented were Egypt, Ethiopia, Kenya, Mozambique, South Africa, Uganda, Zambia and Zimbabwe. The executive was re-elected: Erastus Njeru (Kenya), President; Olive Kobusingye (Uganda) Secretary General, and Fatma Hassan (Egypt) Treasurer. The Injury Control Center Uganda (ICC-U) was designated as the IPIFA secretariat and IPIFA was registered as an NGO in Uganda in 2002.

The objectives outlined in the IPIFA constitution are to conduct and support research in injury control and promote safety; to develop and conduct training programmes in injury prevention and acute trauma care; to undertake advocacy for the prevention and control of injuries to influence the population and leadership; to mobilize local and international resources and to facilitate exchange of knowledge and experience, all in Africa. IPIFA will also act as a liaison for Africa with international and other continental stakeholders in injury control.

ACHIEVEMENTS:

The first IPIFA meeting held in Entebbe, Uganda, in December 1997 was hosted by the ICC-U. Four of the original IPIFA countries (Egypt, Ethiopia, Kenya and Uganda) are also part of the International Clinical Epidemiologist Network (INCLIN). From the beginning IPIFA was intersectorial with health professionals, social scientists, engineers and police.

Funding was patched together from the Canadian Network for International Surgery (CNIS), WHO, and INCLIN, so that the initiative has continued with general meetings in Kampala Uganda (1998), and Mombasa Kenya (1999).

At the general meetings ambitious work plans were developed but only the INCLIN countries and South Africa had the resources to accomplish parts of those plans. At the IPIFA meetings a common hospital registry was developed and used in both English and Arabic and a common community surveillance instrument was piloted and used in English, Luganda, Swahili and Arabic. The INCLIN funded countries performed hospital and community injury surveillance in both rural and urban environments. In Uganda a Trauma Team Training Course for technical personnel at the casualty department was developed and taught and in South Africa training of the trainers for first responders was conducted.

To overcome the shortage of injury specialists in Africa IPIFA has held two *Injury Epidemiology for Africa* courses in 2001, one in Entebbe in Uganda and the other in Alexandria in Egypt. Thirty-five individuals from numerous disciplines in 11 African countries have taken the course. A second level course to assure competency in community surveillance is planned for September 2002. Previously the participants in the course have come from the 8 IPIFA countries as well as Eritrea, Rwanda and Tanzania. It is expected that IPIFA will expand to include the three new participants at the September 2002 general meeting.

CHALLENGES:

The achievements of IPIFA are numerous but the challenges are larger. The continental mandate that IPIFA assumed requires expansion which is particularly needed in West Africa which is currently not represented. Funding designated for the continuation of IPIFA's capacity building through epidemiological training in September is insufficient. Much of the work of IPIFA has occurred without salary support but committed individuals have been generous with their time. Only South Africa and Uganda

Injury Control Center

Faculty of Medicine

Makerere University

P. O. Box 7072 Kampala, Uganda

Email: icc@med.mak.ac.ug

have centers dedicated to Injury Control. The University of South Africa Center for Peace Action has been a WHO collaborating center for 6 years while the ICC-U is a candidate for that status. IPIFA is very dependant on its secretariat in Uganda for logistic support and direction. It is hoped that in the near future UNISA and newly organized Injury Control Centers in other IPIFA countries will help ICC-U in its support of IPIFA.

Few governments in Africa recognize injury prevention as a priority and there are few international donors who acknowledge the importance of injury. It is difficult to demonstrate the magnitude of the injury problem to policy makers when resources to generate the information are scarce. Ministries of Health do not have units designated for injury control and therefore injury is usually delegated to units designated for rehabilitation or noncommunicable diseases where it is of secondary importance. It is difficult for IPIFA members to lobby or co-ordinate activities when there is no office to which issues may be addressed. The lack of funding is the greatest challenges to IPIFA.

CONCLUSION:

IPIFA has taken on the challenge of injury control on a

continent where the problem is largely unrecognized and where the magnitude of the problem has been demonstrated to be huge. Motorization, urbanization, poverty, crime and war all contribute to the problem and are all major issues in Africa.

IPIFA is an organization where all African countries are welcome and all disciplines relevant to injury control included. To meet its objectives more resources and participants are needed; therefore injury control specialists who work in Africa are encouraged to join IPIFA. The founders of IPIFA envision a safer Africa where fewer die or are disabled due to injury. The continuation of the early promise of IPIFA in attaining its ambitious and important mandate depends on those who understand the devastation of injury in Africa working together with IPIFA. Membership is open to African professionals involved in the research, practice and training in injury prevention. Associate membership is open to non - African Professionals as well as African and Non-African institutions. Individuals or organizations wishing to join IPIFA are encouraged to do so by contacting the secretariat by email (icc@med.mak.ac.ug) or by post at the Injury Control Center, P. O. Box 7072 Kampala Uganda