



HeartFile

Institutionalizing Injury Prevention and Control:

Minutes of the Meeting

Venue: Committee Room, Ministry of Health (MoH)
Held on: Thursday, 20 July, 2006
Meeting title: Institutionalizing Injury Prevention and Control

Dr. Ashfaq greeted the participants and requested the Sec. Health for his comments.

The meeting was unwrapped with the welcoming note of the **Sec. Health, Syed Anwar Mehmood**, who showed great appreciation towards the participation of various stakeholders and said that he looked forward to future correspondence.

This was followed by **Dr. Sania's** annotations on Injury Prevention and Control, its purpose of strengthening injury prevention arrangements under the full to broad based stakeholder implementation arrangements and its outcome to lessen the burden of deaths and disabilities caused by it, highlighting allocation of collaborating sites, underlying the roles and responsibilities, as the core contents of the gathering.

The meeting furthered with inputs by the potential stakeholders and their keen interest in the goings-on of the proposed plan.

Dr. Abdul Majid Rajput (DG Health, MoH):

Dr. Majeed said that in light of the topic that has been brought forth the Ministry of Health (MoH) has been most successful in establishing a Trauma Centre and an injury unit back in 2000 and that they would like to continue further in this initiative and create pro-active linkages in the new PC1.

Dr. Jaffar Hussain (WHO):

Dr. Jaffar highlighted the direct/indirect costs for rehabilitation purposes which amount to 1-1.5% of our GNP. He said that 90% of the injuries affected are from low-income social economies. Though health is a multi-sector entity but injury prevention is more extensive and should have a National Strategy.

Dr. Hassan Orooj (DDG Health, MoH):

Dr. Hassan brought forth the knowledge that a Ministry of Health (MoH) emergency preparation and response plan catering to diseases like bird-flu, Sars etc. is already underway and that they would like to continue further in this initiative and create pro-active linkages in the new PC1.

Syed Sibte Hasnain (SPD Mobile Education Unit, MP):

In regards to road safety he alleged that only 10% of the accidents are caused due to technical faults, whilst 90% are being caused by human error. Hence, he suggested increase of education, mobile education systems for awareness, imposition of the three E's: education, enforcement and engineering, and seminars on health safety.

Dr. Jaffar Hussain (WHO):

"Zero tolerance" is a joint publication of WHO and the World Bank. By using this *Zero Tolerance* approach we can minimize the risk of traffic injuries; it needs to abolish the so-called VIP culture, not

sparing for any traffic violation as done in Jordan. He said that they are numerous behavioral factors of which human risk behavior is one.

Helena Saeed (Traffic Police, Islamabad):

Ms. Helena concurred to Mr. Hassnains' worries and said that there has been a consultation with the CDA on improving road structures which would be most helpful in reducing the percentage of accidents; it being a pilot project in Islamabad.

Dr. Ijaz Ahmed Khan (HSA):

He brought to notice that a survey had been done by his colleague, Dr. Ghaffar, on Injury and Road Safety which calculates the encumbered issue; and was in complete harmony with Ms. Helena regarding behavioral aspects of the public.

Dr. Raza Mehmood Zaidi (DFID):

Some essential questions had been brought forth by Dr. Raza enquiring the geographic limitations of the project, whether it was confined to Islamabad alone or had a broader stance under its umbrella? And if so what role would the Ministry of Health (MoH) have in it? Was the program edged to road traffic?

Dr. Sania Nishtar (Heartfile):

In response to Dr. Zaidi's queries Dr. Sania responded that the PC-1 shall look at all dimensions of injuries. As far as the character of the MoH went regarding the PC 1 she commented that the Ministry of Health shall submit to what extent PC 1 shall confer to the federal jurisdiction and how, from there on, the roles and responsibilities of the district governments shall be further allocated.

Dr. Paul Rückert (GTZ):

Dr. Paul showed interest towards the logistics and inquired whether there was fundamental evidence available on what interventions have had best results, and showed concern to what helps in light of our narrow resource base. He was inquisitive of WHO as to where would they want to put their money.

Dr. Jaffar Hussain (WHO):

As a rejoinder Dr. Jaffar said that indeed there was experience from within and outside. He alleged that priorities vary from country to country depending on the type of injury caused, most being from road traffic. He assumed that the victim ultimately ended up in a hospital or a healthcare centre with the MoH, where the MoH plays a pivotal role in gathering what works and affects the public and the overall society. Bottom line being whether multi-sector gel is a key to being a fruitful exercise or otherwise!

Dr. Gregory Pappas (AKU):

Dr. Pappas coincided with Dr. Jaffar and said that monitoring and evaluation mechanisms are the strengths of programs and should be strongly factored in.

Dr. Raza Mehmood Zaidi (DFID):

Dr. Zaidi raised the point on magnitude of behavioral awareness and inquired: What inputs are there from the federal level to the provinces that we can deliver? What are the major impacts? However, he agreed that indeed it was a challenge that will be catered to and nothing would be without evidence.

Dr. Talib Lashari (National HP Unit):

He held that little data, regarding the clump of disease e.g. 4% of accidents, poison and injuries adding to the burden of the country (according to demographic report 2000), has been recorded. However, he assumed that a proposal has been developed on burden of ailments.

Dr. Ashfaq Ahmed (DDG International, MoH):

He quoted that according to the World Bank report, 1999, the percentage of the burden of the disorder was 11%.

Dr. Asif Khawaja (ARUP):

It was held by him that no audits have been carried out in regards to minimum safety which needs to be addressed. There is lack of zebra crossings; and public transport element could do with some consideration. In finale he put forward inclusion of Ministry of Communication (MoC), National Transport Research Center (NTRC) and National Highway Research Training Centre (NHRTC) as potential participants posing to be promising input base for future preclusion and management of injury information and implementation.

Dr. Nisar Ahmad (NH & MP):

He suggested that we require a legislation enabling us specific roles in regards to motor vehicle fitness; there's a need for a centralized way of driver training and licensing, regular time for public drivers, and technical support should be offered to all provinces.

Dr. Sania Nishtar (Heartfile):

Again cross-cutting linkages are the main targets. The question arises as to how to develop these operational linkages. *Firstly*, cross representative issues in public awareness campaigns especially media ones and *secondly*, representatives from highway police should focus on these issues.

Helena Saeed (Traffic Police, Islamabad):

Driving school laws were emphasized by Ms. Helena. She said that new licenses are being made withholding penalty strips on footage of software provided by the Bahria University; and a campaign has been started investigating licenses of driving trainers and granting official status to the selected lot which would ensure better traffic management and would take up 50% burden off of the country's shoulder.

Dr. Jaffar Hussain (WHO):

Concerns were shown regarding behavioral change. He said that the vital spot is the position of the media which should be engaged as an active partner not only for propagating messages but in a manner that imparts implementation on a sustainable basis. He suggested similar steps should be taken up by Pakistan to come up with substantial data regarding our elite class and come up with methods to engage them in our injury prevention and control goings-on.

Dr. Rashid Jumma (JPMI):

He wished for the government to stop registering cars until we get the house in order as we are faced with a calamity. He commented that America has emulated a project called '*Think first*' where professional trainers go to the hospitals with electronic gadgetries educating children on health awareness. He also quoted the example of Swedish government that enacted a bill named '*Vision zero*' which talks of zero accidents and if there is an accident then it should cause the least possible damage. He cited a personal experience, in Karachi on his way to a meeting, on the University road a bus lay flipped over and upon investigation it was found that the verge of the road lay concave when it was supposed to be convex in design. With this in mind he stated that such issues can be addressed by gathering a lot of people under one flag such as engineers and traffic personnel. Last of all he believed that the 'trauma center' concept is fundamentally flawed in respect to its focus on buildings and infrastructure rather than specifically trained skilled personnel.

Currently, five hospitals in Karachi tackle with serious traumas. Dr. Jumma suggested we should put round the clock surveillance, counter check with ambulance services and the police guards on duty. Courses involved with primary trauma care have a training module. In Sindh, a 3 days instructors' course is carried out in the district hospitals. However, Dr. Jumma pointed out that an important skill required is "*extrication*", developed by firemen. In addition training of paramedics will require health intervention. Also a visit to district hospitals showed infrastructure and human capacity collapse due to lack of investment.

Speaking for the Sindh government, he said that we want to create a new cadre of paramedics and emergency response, with four paramedics and emergency response personnel recruited to

each district hospital, so that instead of acting as a relay its comeback is instantaneous. Hence, we should draw in engineers and every sub-set should try to build linkages in this area.

Dr. Shafiq-ud-Din (PC):

In sight of the goings-on of the meeting Dr. Shafeeq placed a request to the MoH, WHO and Heartfile to incorporate the provinces as well to participate in such consultation processes as ultimately they are the beneficiary. It was understood by him that the planning process of the government of Pakistan receives its stamp by the National Economic Council which has a component on "*accident and emergency*" with 20 pages donated to health having an allocation of Rs. 45 billion. He said that the PC 1 should be submitted soon so that it could be taken through the process of approval within the current financial year.

Dr. Jaffar Hussain (WHO):

He was in more than an agreement with Dr. Jumma. He furthered the discussion by saying that the component of pre-hospital care is critical. National Public Health Safety Council's (NPHSC) off-shoot Road Safety council's proposal should have a strong mandate/legislation for up-dating the old legislation, the right language must be used and the sectoral comments ought to be included as referred by Dr. Shafeeq.

Dr. Rashid Jumma (JPMI):

In continuation he said that medical practitioners experience doesn't provide for comprehensive exposure to trauma care which can be a life saving maneuver.

Dr. M. Raza (DDG Planning, MoH):

He laid emphasis on the formation of a National Strategic Plan (NSP) which ought to be the primary stair through which the PC1 should flow having the deliverables to health sector as major factors with each sector coming up with its own PC1.

Prof. Shakila Zaman (HSA):

Prof. Shakila brought into focus the heartrending situation of our rural areas. She alleged that we should not only make the educated our center of attention but also focus on children who will never be able to set foot in a school; lay prominence to the change in attitudes by training undergraduates alongside the doctors, and there should be rehabilitation centers and counseling centers for the children and parents.

Dr. Ahmed Shadoul (Acting WR):

In accord to the above laid facts Dr. Shadoul held that injuries are a public health problem which have previously contributed 12% to the global burden and are still expected to amplify. He said that 1.2 million people are dying as a result and this figure is anticipated to go up to 3 million by 2020. According to a World Bank report the annual cost of road safety amounts to \$7.5 billion. He said that the most effected are the children and the working age group affecting the economy of a country. Hence, in order to address the dilemma Transport Ministry, Health sectors, police, and health institutes need to be involved. We should try to fill in the empty boxes as partners and list interventions and analysis, and try to complement each other. Dr. Shadoul termed injuries a real public health burden. In this respect he suggested that we keep records, documents and continue research in which case WHO can be of much help regarding the experience of developed countries. He understood that we face an important issue of the legislation component; what backing do we have? What is the level of provincial licensing? Do we have appropriate structure of implementation? Also we are faced by a daunting challenge of pro-active injury prevention system and coordinating with multi-sector institutes; and even after continued monitoring, progress and improvement we need to add new interventions.

Ms. Helena Saeed (Traffic Police, Islamabad):

Being an actor of the non-health sector she was inquisitive of the potential stakeholders, what role was expected by her department and what were the enforcement mechanisms.

Dr. Sania Nishtar (Heartfile):

In response to Ms. Helena's inquest Dr. Sania expressed that the stakeholder representatives will be on the governing arrangement. In response to Dr. Raza's query she held that PC1 will be finding tangible ways to develop cross-cutting sectoral linkages. She said that the work was not starting denovo and that preliminary work had already been done in this direction particularly in other centres. As far as health was concerned injuries was already institutionalized as the 6th disease domain as part of the National Action Plan for Non-Communicable Diseases Prevention and Control and Health Promotion. By way of implementing the plan a population based injuries surveillance system was already in place; the first round of surveillance had already gathered data which has now been published. Injuries prevention was also integrated as a module into the work plan of Lady Health Workers (LHWs) of 19 districts and an electronic media campaign which the program featured includes PC 1 into broader based stakeholder arrangements so that stakeholders would contribute to individual program areas. She said that work would now be initialized on the PC 1 and that in another 3 months the first draft would be put up to the members present on this table and others that could not be present today. She also said that this PC 1 would clearly demarcate the roles and responsibilities and prerogatives of the various health agencies at the federal, provincial and district levels. And on a closing note she said that this consultation and the follow-up activities as part of the preparation for the multi-stakeholder PC 1 would give them insights on creating the inter-sectoral linkages which are a part of preparation of the Gateway Health Policy which was currently in the making.

Dr. Abdul Majid Rajput (D.G. Health, MoH):

In culmination Dr. Majeed accentuated integrated efforts, team work, and partnerships as a necessity for the accomplishment of a full-proof plan catering to the needs of the stakeholders, the beneficiaries and the policy makers meeting the ultimate goal. As closing note he appreciated the efforts of Heartfile and WHO in taking this forward and the stakeholders for their inputs and wished the initiative good luck with full support of the Ministry of Health.