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HEALTH REPORTER: focus on injury and violence 10 October 2006

produced by the [IDS Health and Development Information](#) team
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This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is [injury and violence](#). The bulletin also features summaries of new documents and other additions to the [Health Resource Guide](#).

[Health Reporter archive](#) - an archive is now available on the Health Resource Guide. See previous issues of the Health Reporter at www.eldis.org/health/archive.htm

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact s.cameron@ids.ac.uk.

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Feature: injury and violence

Injury is a serious public health problem, leading to over five million deaths worldwide each year. Injury causes disability and places a heavy burden on health care systems, particularly in developing countries. It is the leading cause of death and disability among children and young adults; the poor are the worst hit. Injuries that cause death include motor vehicle crashes and other road traffic accidents, homicide, suicide, falls, poisoning, drowning, fires and burns. On the whole, injuries do not occur at random: they are largely predictable and, therefore, preventable. However, in order to develop effective prevention strategies, countries require better information, especially on the circumstances that lead to injuries, and the number and types of these injuries.

Violence is a major cause of injury: an estimated 1.6 million people lost their lives due to violence in 2000. Widespread forms of interpersonal violence include sexual and physical abuse of children, abuse of the elderly, and violence against intimate partners. Public health policy is increasingly seen as having a role to play in addressing the causes of violence -- as well as in responding to the effects.

For more information see:

- Health Resource Guide: injury and violence
www.eldis.org/health/other/injury_violence.htm
- WHO Department of Injuries and Violence Prevention
www.who.int/violence_injury_prevention
- WHO fact sheets on violence -- topics include alcohol, child maltreatment, youth violence, intimate partner violence, elder abuse, collective violence, self-directed violence, and sexual violence.
www.who.int/violence_injury_prevention/violence/world_report/factsheets
- HIV and AIDS key issues guide: the links between violence against women, HIV and AIDS
www.eldis.org/hivaids/gender/vaw
- More documents on violence against women
www.eldis.org/health/docs/vaw

Recommended readings on injury and violence

1. Make roads safe: a new priority for sustainable development

Authors: Commission for Global Road Safety
(2006)

This report, published by the Commission for Global Road Safety, examines the problem of road traffic injuries and deaths in developing countries. It estimates that in 2002 1.2 million people died in road crashes worldwide and 50 million were injured. More than 85 per cent of these occurred in low and middle income countries. Unless action is taken, global road deaths are forecast to double by 2020. The burden of disease attributed to road safety is comparable with malaria and tuberculosis, yet no mention is made of road safety in the Millennium Development Goals, and the report argues that it is seriously under resourced.

The report argues that, although new roads are essential to achieve development goals, they must be safe. G8 countries should work with the Africa Infrastructure Consortium to invest in safer roads and a stronger regional capacity to develop national road safety plans. The report calls for an action plan for global road safety, managed by the new Global Road Safety Facility, and for US\$300 million to be committed to funding this plan over ten years. Other recommendations include that governments in low and middle income countries should adopt their own national road traffic casualty reduction targets.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22811>

2. Women, violence and health

Authors: Amnesty International

Produced by: Amnesty International (AI) (2005)

This report discusses violence against women and girls as a major human rights scandal and a public health crisis. The authors contend that globally women are regularly beaten and sexually abused by intimate partners, family members, neighbours, and by people not known to them. They also suffer gender-based violence during and after conflicts and wars. The impact on women's health goes far beyond bruises, broken bones or even death. As well as causing physical suffering to women, such violence has a profound impact on women's psychological well-being, on their sexual and reproductive health and on the well-being and security of their families and communities. The cost in human terms is huge and also has an economic dimension.

This paper examines the how gender based violence is perpetrated, in physical and social forms, in families, in communities, and during and after conflict, and looks specifically at the health consequences of gender based violence.

The paper closes with conclusions and recommendations for governments and professional associations, including, but not limited to:

- governments must recognise that violence against women is a major public health issue as well as a human rights crisis
- governments must reform law to eliminate any laws that challenge women's sexual autonomy, or facilitate impunity for anyone impinging on a woman's right to chose her own partner, or which promote impunity for rape
- governments must improve protection for institutionalised women
- governments must ensure adequate resources to address the health needs of women who are victims of violence, as well as encouraging local groups to support these women
- governments should ensure gender-sensitisation training for health personnel, custodial personnel, and those working in institutions
- governments should also ratify and implement the UN Convention on the Elimination of all Forms of Discrimination against Women and its Optional Protocol, without reservations; ratify and implement relevant regional standards which protect women's rights; ratify the Rome Statute of the International Criminal Court (ICC) and adopt implementing national legislation so that the ICC can be a potential means to end impunity for violence against women in situations where it has jurisdiction; and agree on an international Arms Trade Treaty to stop the proliferation of weapons used to commit violence against women.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC19500>

3. WHO global study on domestic violence against women

Authors: WHO

Produced by: World Health Organization (WHO) (2005)

This report by the World Health Organization presents a global perspective on domestic violence against women. Covering ten countries including Bangladesh, Peru and Tanzania, the document finds that violence against women is still widespread with far reaching health consequences.

The report covers violence against women in both partner and non-partner experiences. It offers a set of fifteen recommendations to strengthen national commitment and action on violence against women. These include:

- promoting gender equality and women's human rights, and compliance with international agreements
- enhancing the capacity for data collection to monitor violence against women, and the attitudes and beliefs that perpetuate it

- integrating responses to violence against women into existing programmes such as the prevention of HIV and AIDS and the promotion of adolescent health
- developing a comprehensive health sector response to the various impacts of violence against women.

The report concludes that the ultimate challenge is to prevent and eventually eliminate all forms of violence, including violence against women. The immediate task is to support and offer choices to those living in violent situations or who have suffered any form of violence. [adapted from the author]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC20232>

4. Iraq Health Update

Authors: Reif, K.

Produced by: Medact (2006)

This update reviews the Iraq health situation since 2005. The author argues that the disastrous security situation has paralysed the Iraqi health sector. The paper highlights the following health related consequences of the war:

- 8,175 Iraqis, including civilians, soldiers, and police, were killed by insurgents from August 2004 to May 2005
- post-invasion excess mortality amounted to 98,000 civilian deaths
- approximately 50 per cent of Iraqi children suffer from some form of malnourishment and one child in 10 is also suffering from chronic disease or illness
- a third of the children in southern and central Iraq are malnourished
- the security situation has taken a terrible toll on the mental health of the Iraqi population
- as of 30 November 2005 only 32 per cent of Iraqis have access to drinking water while a mere 19 per cent have sewerage access.

The paper concludes that so long as public health remains a prisoner of politics, the "ground truth" will never be brought to light.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21220>

5. Multicentre study of acute alcohol use and non-fatal injuries: data from the WHO collaborative study on alcohol and injuries

Authors: Borges, G.; Cherpit, C.; Orozco, R.; Bond, J.; et al.
(2006)

This article, published in the Bulletin of the World Health Organization (WHO), examines the link between drinking alcohol and the risk of non-fatal injury. It draws on data collected from hospital emergency departments in Belarus, Brazil, Canada, China, the Czech Republic, India, Mexico, Mozambique, New Zealand, South Africa and Sweden. The authors note that previous reports have linked alcohol use with driving accidents, violence, suicide, and injuries such as falls, trips and burns.

The report finds that patients who had a single drink during the previous six hours had an increased risk of non-fatal injuries, and that there was a 10-fold increase in risk for patients who had six or more drinks within that period. This effect occurred for all types of injury studied, and appeared to be more acute for patients who did not normally drink large amounts of alcohol. The report concludes by suggesting that emergency departments should make efforts to give advice on the increased risk of injury associated with alcohol use. Since even low levels of drinking were associated with higher risk of injury, these efforts should be implemented for all patients who drink alcohol.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22812>

Other recommended readings

1. Checklist for the review of the human resource development component of national plans to control tuberculosis

Authors: Bergstrom, K.; Glassroth, J.; Walton, W.; Pool, I.; et al.
(2005)

This World Health Organization (WHO) publication focuses on the need to improve training of staff as part of national plans to control tuberculosis (TB). It argues that the development and maintenance of a competent workforce for TB control is a key component of any national TB control programme, and presents a list of things to check when this component is reviewed by governments or external consultants. The checklist highlights the need for any review to determine whether human resources (HR) development, including training and education for TB control, is a specific and clearly described component in the national plan.

Other areas include: the organisational structure for managing HR development at the national level; whether there are medium- and long-term goals and strategies for HR development; the current status of training programmes, training materials, and follow-up after training; management and use of information; plans for strengthening TB control within basic training programmes for medical doctors, nurses, and others; and management of finances. The document concludes by emphasising the need for follow-up as the final stage of a review. This includes approving recommendations for the relevant authorities and setting deadlines for the implementation of these activities.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22806>

2. Does the integrated management of childhood illness cost more than routine care? Results from the United Republic of Tanzania

Authors: Adam, T.; Manzi, F.; Schellenberg, J.A.; Mgalula, L.; et al.
(2005)

This paper, published in the Bulletin of the World Health Organization (WHO), reports on the costs of integrated management of childhood illness (IMCI) compared to routine care in Tanzania. It explains that 70 per cent of deaths of young children are caused by five conditions: diarrhoea, pneumonia, malaria, measles and malnutrition. IMCI is strategy designed to reduce these deaths by improving the skills of health workers, improving health systems, and improving family and community practices. The paper finds that the annual cost of caring for a child aged under five years was around US\$11 in districts with IMCI, but US\$16 in districts without IMCI.

The paper notes that although IMCI is associated internationally with improved quality of care, it has not yet been widely adopted, partly because it is assumed to be more expensive than routine care. But the data from Tanzania suggest that IMCI cost no more than routine child health-care in the states studied, and was more effective in increasing the chances of child survival. The authors conclude that cost should not be a barrier to the adoption and scaling up of IMCI, and argue that more active steps should be taken to make this happen.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22807>

3. From research evidence to policy: mental health care in Viet Nam

Authors: Harpham, T.; Tuan, T.
(2006)

This article, published in the Bulletin of the World Health Organization, examines the use of evidence in policies on caring for people with mental illness in Viet Nam. It reports on attempts in 2004 by a non-governmental organisation to influence policymakers by presenting evidence on mental illness amongst mothers and children. This led to changes in policy such as screening pregnant women and children for mental illness, and mental health being incorporated into early childhood development programmes. The article argues that the policy changes happened because links between stakeholders were established at an early stage, the evidence was regarded as rigorous, and the timing was opportune in that it coincided with a 5-year planning cycle.

The article argues that there are analytical frameworks available that allow researchers to examine how and why policymakers use certain evidence, but that these have rarely been applied to mental health policy in developing countries. It suggests that evidence is more likely to contribute to policy if the evidence is convincing, practical and well packaged, and researchers and policymakers belong to the same network and trust one another. Other factors include whether the evidence fits within political limits and pressures and resonates with policymakers' assumptions, and whether there is sufficient pressure to challenge politicians.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22808>

4. Operational challenges of implementing community therapeutic care: ENN report on inter-agency workshop

Authors: Duffield, A.; Food and Nutrition Technical Assistance (FANTA) Project (2005)

This document, published by the Food and Nutrition Technical Assistance (FANTA) Project, reports on a 2005 workshop on community therapeutic care (CTC), an approach to managing acute malnutrition in emergencies and in other situations. The workshop aimed to identify challenges in implementation, integration, and scaling up of CTC, as well as issues of quality control. Key challenges include: programming in insecure areas in emergencies; ensuring sustainable funding; and motivating volunteers. The report also considers case studies from Malawi in which support for people affected by HIV and AIDS was offered as part of CTC programmes.

Lessons learned include that programming across several government sectors is essential to maximise the impact of CTC. The meeting highlighted a number of key questions for future research, including: the production of Ready-to-Use Therapeutic Food (a high calorie food used for the treatment of malnutrition); the role of CTC in HIV and AIDS programmes; integration of CTC and development programming; and long term cost effectiveness analysis. It concluded that much of the data needed for this research is already available in project reports, and the authors emphasise that lessons learnt about these topics need to be written up and disseminated as widely as possible.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22809>

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- Health Resource Guide - www.eldis.org/health
- Health Systems Resource Guide - www.eldis.org/healthsystems
- HIV and AIDS Resource Guide - www.eldis.org/hiv aids

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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