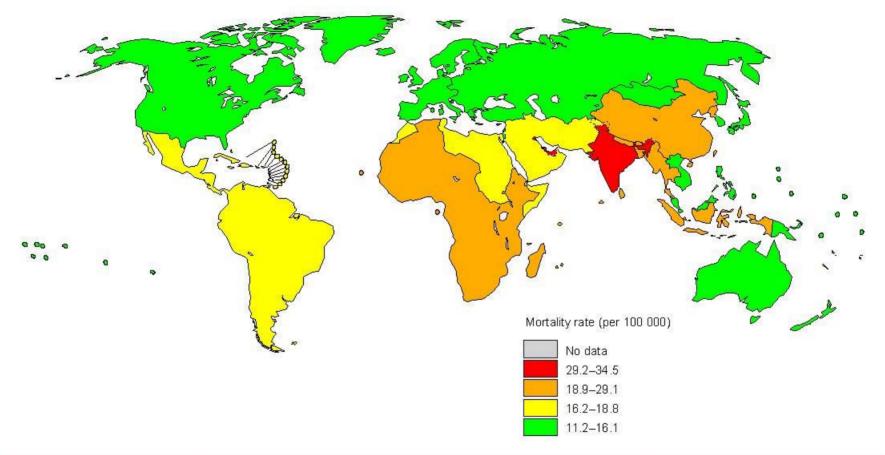


Introduction to the Road Traffic Injuries Research Network and Skill Development Workshop

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Global Road Traffic Injury Mortality



	Ro	ad traff	ic injury	/ mortality rat	es (per	100 000	populati	on) in WH	O regio	ns, 2000	
Africa	Americas		South-East Asia		Europe		Eastern Mediterranean		Western Pacific		
LMIC	HIC	LMIC	India	Other LMIC	HIC	LMIC	HIC	LMIC	HIC	China	Other LMIC
26.3	15.0	18.1	29.2	26.6	11.2	16.1	34.1	18.7	15.8	18.9	14.2

HIC, High-income countries; LMIC, Low- and middle-income countries.



Table 13. Leading Causes of Death, Low- and Middle-Income Countries, Both Sexes, 2000

Rank	0-4 years	5-14 years	15-29 years	30-44 years	45-59 years	\geq 60 years	All Ages
1	Lower respiratory infections 2 132 313	Childhood-cluster diseases 200 131	HIV/AIDS 852 793	HIV/AIDS 1 233 709	Ischaemic heart disease 822 209	Ischaemic heart diseases 4 386 697	Ischaemic heart disease 5 458 209
2	Diarrhoeal diseases 1 314 855	Road traffic injuries 114 087	Road traffic injuries 317 654	Tuberculosis 367 440	Cerebrovascular disease 529 618	Cerebrovascular disease 3 513 060	Cerebrovascular disease 4 244 979
3	Childhood-cluster diseases 1 108 602	Drowning 112 512	Tuberculosis 237 757	Road traffic injuries 275 912	Tuberculosis 411 675	Chronic obstructive pulmonary diseases 2 017 219	Lower respiratory infections 3 491 737
4	Low birth weight 1 017 391	Lower respiratory infections 112 307	Self-inflicted injuries 196 246	Ischaemic heart disease 206 161	HIV/AIDS 326 868	Lower respiratory infections 869 923	HIV/AIDS 2 917 259
5	Malaria 905 836	Diarrhoeal diseases 88 411	Interpersonal violence 178 651	Self-inflicted injuries 182 702	Lower respiratory infections 215 042	Hypertensive heart disease 640 583	Chronic obstructive pulmonary diseases 2 241 676
6	Birth asphyxia and birth trauma 777 066	Malaria 76 257	War 94 979	Interpersonal violence 138 707	Diarrhoeal diseases 210 806	Tuberculosis 522 594	Diarrhoeal diseases 2 119 168
7	HIV/AIDS 419 362	HIV/AIDS 45 897	Drowning, 76 139	Cerebrovascular disease 134 776	Trachea, bronchus, lung cancers 202 216	Trachea, bronchus, lung cancers 518 599	Tuberculosis 1 643 151
8	Congenital heart anomalies 272 855	War 43 649	Lower respiratory infections 63 854	Cirrhosis of the liver 120 955	Road traffic injuries 190 234	Diabetes mellitus 447 654	Childhood-cluster diseases 1 385 028
9	Protein-energy malnutrition 172 545	Tuberculosis 36 350	Fires 60 518	Lower respiratory infections 98 283	Cirrhosis of the liver 188 241	Stomach cancer 397 660	Road traffic injuries 1 134 971
10	STD's excluding HIV 142 194	Tropical-cluster diseases 31 843	Maternal haemorrhage 59 411	Liver cancer 81 503	Chronic obstructive pulmonary diseases 169 945	Diarrhoeal diseases 396 733	Malaria 1 079 757
11	Drowning 114 700	Fires 30 113	Poisonings 58 361	War injuries 72 271	Liver cancer 163 705	Cirrhosis of the liver 317 265	Low birth weight 1 016 839
12	Anencephaly 84 738	Interpersonal violence 23 953	Rheumatic heart disease 47 919	Nephritis and nephrosis 70 138	Stomach cancer 139 269	Nephritis and nephrosis 268 266	Hypertensive heart disease 815 107
13	Meningitis 76 009	Poisonings 23 193	Leukaemia 42 042	Poisonings 69 302	Self-inflicted injuries 133 366	Liver cancer 262 458	Birth asphyxia and birth trauma 777 650
14	Road traffic injuries 73 622	Leukaemia 22 587	Nephritis and nephrosis 40 993	Diarrhoeal diseases 68 003	Hypertensive heart disease 126 576	Oesophagus cancer 240 143	Trachea, bronchus, lung cancers 761 423
15	Tuberculosis 67 335	Self-inflicted injuries 21 313	Diarrhoeal diseases 40 360	Maternal haemorrhage 59 925	Diabetes mellitus 111 617	Colon and rectum cancers 221 062	Self-inflicted injuries 692 331



Goal of the Network

Establish networking mechanisms and assist in the creation of partnerships between RTI researchers and institutions globally, to support research agendas in low and middle income countries



Objectives of RTIRN (1)

- To *advocate* for the necessity of research to reduce the burden of road traffic injuries in low and middle income countries
- To set priorities for road traffic injury research in low and middle income countries
- To *develop capacity* for road traffic injury research in low and middle income countries
- To *promote investments* for health research on road traffic injuries in low and middle income countries



Objectives of RTIRN (2)

- To facilitate communication between partners involved in road traffic injury research
- To conduct strategic research on road traffic injuries in low and middle income countries
- To disseminate and promote the application and utilization of research results





Governance/Management

- Policies governed by the Board
 - comprises HIC and LMIC researchers (Africa, Asia and S. America), and key stakeholders (WHO, World Bank and GFHR)
- Day to day management:
 - New secretariat in Sri Lanka
- Donors:
 - Global Forum for Health Research, World Health Organization, World Bank, George Institute
- Strategic Plan:
 - Developed and currently guiding activities



Activities to-date: Examples

- Several partner meetings: Uganda, Geneva, Tanzania and Vienna (2004)
- Establishment of list serve; quarterly electronic newsletter "Road Research"
- Training/capacity building workshops
- Research pilot studies in Kenya, Pakistan and Uganda
- Website development (<u>www.rtirn.net</u>)







Kandy Workshop: Rationale

- Capacity development for road traffic injuries research in low and middle income countries
- Through networking mechanisms that promote partnerships
- Interaction of researchers from different backgrounds, skill levels and disciplines



Kandy Workshop: Learning Objectives

At the end of the workshop, participants should be able:

- To appreciate the health impact of RTI at global and regional level
- To identify key factors in writing a successful research proposal
- To integrate key principles in writing scientific papers for publication
- To understand the importance of engaging policy makers for effective research





Thank you!

- Please visit the RTIRN website
 <u>www.rtirn.net</u>
- Secretariat contacts in brochure
- Contact email for Adnan Hyder: hydera@who.int