Time to keep African kids safer

In December 2008, the World Health Organization (WHO) and UNICEF released the *World Report on Child Injury Prevention*[1] in Hanoi, Vietnam. This long-awaited report, which has benefited from the contributions of over 180 participants from 56 countries, appeals to governments, practitioners, and parents alike to 'Keep Kids Safe' by implementing known good practices. It suggests that if a handful of these effective interventions were optimally employed around the world, 'more than 1 000 children's lives could be saved every day'.

The report highlights the plight of children and teenagers in Africa, who have the unenviable distinction of having the highest unintentional injury death rates in the world (53.1 per 100 000 population, versus the global rate of 38.8 per 100 000) (Table I). Children and teenagers under the age of 20 accounted for almost one-third (32.8%) of the 769 226 deaths from injuries and violence in Africa in 2004. Unintentional injuries or so-called 'accidents', many of which could have been prevented, were responsible for nearly 85% of these deaths. Specifically, Africa has the highest rates in the world for child road traffic fatalities (19.9 per 100 000 population – mainly pedestrians) and poisoning (4.0 per 100 000), and the second highest rate for drowning (7.2 per 100 000). Systematic reviews of road traffic injuries to urban children and adolescents (<19 years) estimate incidence rates of over 100 per 100 000 population, mean mortality rates of over 13 per 100 000 children, and a loss of healthy life of nearly 20 healthy life-years per 1 000 children annually.[2]

In South Africa, the recent burden of disease study revealed that the road traffic fatality rate among 0 - 4-year-olds was 26.7 per 100 000 and that for 5 - 14-year-olds it was 21.9 per 100 000, approximately twice the global rate.[3] Furthermore, Childsafe reports that the majority of childhood injury-related deaths are due to pedestrian road traffic injuries, followed by drowning and burns, while falls are the leading cause of hospitalisation.[4]

While clearly social determinants and poverty are some of the most important factors underlying unintentional injuries, age and development also play an important role.[1,5] The injury rate for infants under 1 year in Africa is the highest of all age categories, but most of these injuries are poorly defined and aggregated into a category called 'other unintentional'. While many of the injuries under 1 year of age could be due to suffocation, asphyxia or natural disasters, others may be misclassified intentional injuries, something that requires further investigation in Africa. Children between the ages of 1 and 9 years appear to be most vulnerable to unintentional injuries. It would indeed be unfortunate if some of the progress towards attainment of the Millennium Development Goals in Africa were to be undermined by loss of life after the age of 1 year to a largely preventable cause – injuries.

But all is not doom and gloom in Africa. Already many practitioners, researchers and advocates have begun implementing and evaluating child injuries programmes across the continent. These include the evaluation of child-resistant closures for paraffin in South Africa, road safety around schools in Malawi and Mozambique, improved visibility of schoolchildren in Ghana, Uganda and South Africa, improved burns management in Nigeria, and the foundation of Africa's first burns charity 'Children of Fire'. What is needed now is to sustain these efforts and share the results of evaluation studies so that good practices may be replicated in neighbouring countries.

The *World Report on Child Injury Prevention* can help in this aspect, as it offers countries a set of seven over-arching recommendations that they should consider, as well as twenty-four proven interventions for specific types of injuries. From a health systems perspective, the report suggests that instead of developing yet another vertical programme, child injuries be integrated into other child health and development strategies, with ministries of health playing a pivotal role. These child injury strategies should be both multipronged and multidisciplinary in order to achieve the best results.

In 2009 we need to focus on creating and maintaining awareness about the magnitude, risk factors and preventability of child injuries among policy-makers, donors, practitioners

Table I. Child unintentional injuries by age, the world, 2004[1]

	Both sexes					
WHO region	<1 year	1 - 4 years	5 - 9 years	10 - 14 years	15 - 19 years	Under 20 years
World	96.1	45.8	34.4	23.8	40.6	38.8
Africa region	152.7	67.8	52.7	28.8	31.5	53.1
Region of the Americas	57.3	18.0	11.5	11.5	29.6	19.6
South-East Asia region	85.5	57.3	45.6	32.1	55.2	49.0
European region	41.4	20.2	10.4	10.0	27.6	18.4
Eastern Mediterranean region	112.7	49.4	43.3	29.0	46.9	45.5
Western Pacific region	90.7	33.8	23.9	20.6	38.4	31.7

and parents in Africa. In most countries lack of awareness has meant that the resources required for child injury prevention have not been allocated, nor have the correct political and organisational structures been put in place. Sustained evidence-based campaigning is therefore required to raise awareness about the public health, social and economic impacts of child injuries, and how these may be prevented at the highest policy levels. At the same time, it is critical for researchers and academics to continue to generate the highest quality evidence about the cost, effectiveness and cost-effectiveness of interventions for child injury prevention and control to inform appropriate allocation of resources. Finally, the development of human capacity for the implementation of interventions and programmes for child injury prevention must be addressed to sustain positive health outcomes over time.

We join WHO and UNICEF in encouraging readers of the *SAMJ* to use the report to stimulate action in their own country in an attempt to 'Keep Kids Safe'. To obtain your own copy of the *World Report on Child Injury Prevention* please send an email to childinjury@who.int or download it from www.who.int/violence_injury_prevention/child.

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