Co-ordinated Collaborative Safety Training Program between a University and NGO to Minimize Road Traffic Accidents and Associated High Mortality/Morbidity in Nigeria

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Introduction: The unprecedented rise in road traffic accidents with attendant mortality in a University environment led to an interventionist, collaborative training program on safety and first-aid. Drivers of all commercial vehicles, with special emphasis on auto-bike riders (alias Okada) were the main target. As a measure of efficacy of the training program, pre-training and post-training data on the incidence of victims of road traffic accidents (RTA) who reported to the hospital in the University were analyzed.
Methods: To enhance participation, the registration, medical screening, and tuition were free to the participants, but with a clause that all participants interested in their receiving medical reports and certificates of attendance pay a paltry amount. This decision was based on consultative meetings between the participants' Union leaders, the staff of the University of Benin Teaching Hospital, and members, of the non-governmental organizations (NGO), Save Accident Victims Association of Nigeria (SAVAN) during the month before implementation. A television jingle was played for two weeks to sensitize transport operators and create public awareness. To minimize operational costs, corporate bodies and the University agreed to fund the training, while the SAVAN provided technical expertise.
The focus was to:
1. Establish a proper bio-database for all commercial transporters within the campus environment by using color-coded identification cards for ease of identification;
2. Conduct medical screening of transpoters including: (a) Blood pressure; (b) Visual acuity; (c) Psychiatric test; and (d) Blood grouping; and
3. Provide a training program on safety and first-aid including basic theory and practical skills. Awards of safety crash helmets and first-aid boxes were given to the outstanding participants.
Results: The medical screening revealed that 12.5% of the participants had poor vision, 4% had high blood pressure, and 1.5% had signs of psychiatric problems. Any participants with medical problems were told to report for further evaluations and treatment. Six months after the training program, the incidence of RTA victims presentation to the accident and emergency unit of the teaching hospital had declined by 78%, thus, confirming the efficacy of the safety and first-aid training program.
Conclusions: The role of public health education is an effective tool to enhance safety on the highway.

Keywords: database; first-aid; funding; medical screening; road traffic accidents; participants; training
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Training Disaster Health Teams–Individual Versus Collective Training

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Training health teams for disaster response involves a combination of both individual and collective training. Traditionally, training for health professionals has focused on individual training, and has been organized by educational bodies such as medical specialist colleges, universities, and professional associations. However, training teams for disasters, be they medical teams, military teams, public health teams, or mental health teams, involves a focus on team performance rather than individual performance.

This paper seeks to identify the optimal balance between individual and collective training for the preparation of disaster teams. The literature (both disaster-related and in non-disaster settings) is reviewed, as well as the experiences of the authors, which have included responding to disasters both in Australia and overseas, being part of military medical teams, preparing disaster medical teams for the Sydney Olympics, and training health professional teams at an undergraduate level.

Keywords: collective; disaster teams; health teams; individual; training
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Case Study of Conflict and Public Health: Afghanistan

Coordinating the Delivery of Health Care in Post-Conflict Afghanistan

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After more than 20 years of civil war, the infant and under 5 year mortality rates in Afghanistan, at an estimated 165 and 257 deaths/1,000 live births respectively, are the third highest globally. The maternal mortality rate of 1,600/100,000 live births is the second highest. In 2001, after the American-led military intervention, an interim administration replaced the Taliban regime, and international donors have re-engaged with the country.

Healthcare in Afghanistan currently is delivered through the public sector and by non-government organizations (NGOs). However, the distribution of services is inequitable, and technical policies and standards vary greatly. Alongside the political changes, has been an associated proliferation of NGOs and civil-military actors. The Ministry of Health has led the process of defining a new national health policy and the basic package of health services (BPHS). In 2002, joint donor assessments have recommended that the role of the public sector should be reduced, that the role of NGOs in the provision of the BPHS be increased, and that the capacity of the Ministry