

LETTERS TO THE EDITOR

Socioeconomic differences in road traffic injuries

We greatly appreciate the attention brought to the growing problem of road traffic injuries in your journal and especially welcome the focus on socioeconomic differentials in the distribution of such injuries.^{1,2} However, we feel that the impact of road traffic injuries is far greater in the developing world and feel the need to raise the following issues for consideration by colleagues around the world.

- Road traffic injuries are estimated to be the ninth leading cause of death for all ages globally and are expected to become the third leading cause by 2020.³ The loss of healthy life from injuries (measured in terms of disability adjusted life years per 100 000 people) is four times greater in low to middle income countries than in high income nations. Moreover, fatality rates from road traffic injuries are highest in the developing world, especially Africa.
 - Empirical work is now being done in the developing world to understand the burden of road traffic injuries and its distribution related to population characteristics.⁴ Our work at national level in Pakistan has demonstrated that injuries are the fifth leading cause of loss of healthy life, and the second leading cause of disability.⁵ A 40 year analysis of public sector data in Pakistan demonstrates the public health impact—mortality, morbidity, and costs—to society in the developing nation.⁶ While a national health survey in Pakistan demonstrated the overlapping frequencies of childhood injuries and diarrhoea in children for the first time in the early 1990s.⁷
 - We have conducted one of the first nationally representative injury surveys in Pakistan focusing on this neglected public health issue.⁸ Highlights of this sample of nearly 29 000 people interviewed in rural and urban areas will soon be published in a peer reviewed journal. The survey indicates that 70% of childhood injuries occurred to children whose mothers had no education, and this variable was used to reflect some measure of social and economic status. In addition, the relative risk of transport injuries was three times higher in those with manual labour as a profession, compared with those in the service sector.⁸ These findings reflect the beginnings of the type of inequality analysis proposed by Hasselberg *et al*, which is a challenge in resource poor settings.
- Such work from the developing world indicates the great need for better data on road traffic injuries, and especially disaggregated data that permit subanalysis. It is therefore critical that researchers in developing countries ensure that their study designs include aspects of equity analysis.

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Where is the real debate on globalisation?

The debate section of the September 2001 issue was dedicated to the complex issue of globalisation.^{1–5} All the authors note the polarisation of the current debate and the importance of finding specific strategies to move forward.

Our point here is not to take sides as to the results of globalisation but to address the question of why these debates are so polarised. That is, precisely part of the problem is that there is no true “debate” occurring here because there is no level playing field between rich and poor countries, between the winners and the losers of the globalisation process. Indeed, the power of the pro-economic liberalisation forces is so great that in some senses this neo-liberal view of the world is taken to be “natural,” inalterable, and rejection of aspects of globalisation is portrayed as a return to the “Dark Ages.”⁴

So long as governments in the South internalise their role in this distorted economic system and those who are supposed to be critical thinkers accept that the basic processes of globalisation can only be ameliorated but not reformed, other academics and activists will always be in the position of protesting irately from the outside. As any heretics questioning an orthodoxy, they are forced to make the case ever more dramatically that the veil of “naturalness” must be pierced.

In this sense, as Krieger has pointed out: frameworks matter.^{6,7} The way we think about things determines what we do about them.

We argue that a human rights approach to health brings these dynamics of power into focus and possibly provides what so many in the South have lost: hope for their future in this new world order. Taken together, the norms in international human rights instruments set out a vision of the world in which power is greatly diffused and entrenched disparities—with their obvious effects on health—are attacked at their root causes. A human rights approach is concerned with non-discrimination and equity, authentic social participation in health, and access to effective judicial remedies in the event of violations. In a larger sense it connects health to broader struggles for democracy and social justice. Conceptualising health issues as rights issues also provides a powerful way to place and keep them on the public agenda—a need expressed by various authors.

Clearly we need more systematic thinking about how to actually apply alternative frameworks, such as that suggested by human rights, to the issue of globalisation and health. Moreover, if the veil is to be pierced, not only health professionals but future generations of health professionals—who are still forming their views of what lies in the realm of the possible—must be made aware of these issues and mobilised. Indeed, because transnational trends determine the very possibilities for the provision of services as well as the health conditions in which populations live, it is especially crucial that future health professionals be exposed to these issues early on in their education and included in this debate.

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