

FOR IMMEDIATE RELEASE

## **Barriers and Enablers to Strengthening Injury Mortality Surveillance Systems in South Africa**

On 25 May 2023, the University of South Africa (Unisa) and South African Medical Research Council (SAMRC) will host a Colloquium on Injury Mortality Surveillance 2018-2022 in Mpumalanga, South Africa, to show case key findings on the factors that enable or inhibit injury mortality surveillance systems. Injury mortality surveillance refers to the collection of data in a systematic and ongoing manner in order to analyse and distribute findings. Surveillance is key to identifying and responding timeously to public health priorities and prevention initiatives for vulnerable populations. Mpumalanga has served as a demonstration site for the implementation of the National Injury Mortality Surveillance System (NIMSS). The NIMSS, hosted by Unisa and the SAMRC, is in partnership with Mpumalanga's Forensic Pathology Services which is currently capturing injury mortality data in real-time. The ultimate goal of the NIMSS is to provide a permanent system that will register all injury deaths that occur in South Africa and provide injury information to initiatives for the prevention of injury. The adoption and maintenance of systems such the NIMSS is influenced by situational factors which influence its implementation. Several factors are generally noted, cutting across the individual, organisational and systems levels. At the individual level, the Forensic Pathology Service staff's understanding of the importance of injury mortality surveillance, along with clear guidelines is reported to increase their uptake of the system. Factors which constrain its implementation include poor computer literacy skills, and competing work demands. Facilitators at the organisational level include effective communication among staff, shared views on the implementation of injury surveillance, the alignment of system work with organizational priorities, and the availability of electronic injury mortality records to respond to report requests. System barriers include the shortage of staff to undertake and support the tasks, limited physical resources for capturing purposes, and the appropriate remuneration for work done. At the systems level, a culture of service delivery was compromised due to communication needing to be strengthened around injury mortality surveillance guidelines and how it is integrated as part of staff workflow. Staff generally feel that injury mortality surveillance should be considered as incentivised work as it increases workloads.

The Colloquium will bring together Department of Health participants from Gauteng, Limpopo, North-West and Mpumalanga. For further details, contact:

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