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# Injuries

## Workshop on Health Challenges and Solutions

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## Challenges: too many to list!



- ❑ Over 5 mill deaths globally from all injuries/violence; nearly a 1 mill deaths annually from road injuries alone
- ❑ Over \$500 billion globally lost from RTI (1-2% of GNP); over 85% of these in low-/middle-income countries
- ❑ Injuries are the leading cause of death globally in those 15-24 years old; leading cause of productive life years lost
- ❑ Overall, dominant affect on males for most injuries



# Major Findings: state of knowledge?

| Intervention  | US\$/DALY | Notes        |
|---|-----------|--------------|
| Pre-event:  |           |              |
| Improved enforcement  | 5.25      | LMIC average |
| Speed bumps   | 8.89      | Top 25% jxs  |
| Bicycle helmets   | 107       | China        |
| Motorcycle helmets  | 437       | Thailand     |
| Childproof containers (Paraffin)                              | 61        | South Africa |
| Post-event:   |           |              |
| Trained lay 1 <sup>st</sup> responders & volunteer paramedics | 7         | LMIC average |
| Ambulances in urban areas                                     | 94        | LMIC average |
| Ambulances in rural areas                                     | 284       | LMIC average |

New: ~50% child injury deaths preventable w 12 interventions



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# U.S. Contribution: tear drops?



- ❑ The U.S. has controlled the health impacts of unintentional injuries well in the U.S.
- ❑ Globally: little engagement – except road safety:
  - Financing – USAID and State Dept. (S&T programs)
  - “PPP” – GRSP, GRSF, UNRSC, and World Bank
  - Operational research/delivery – CDC, NHSTA
  - Basic research – FIC/NIH (trauma/injuries)
- ❑ Opportunities for the US (examples):
  - World Bank/WHO Report Road Traffic Injuries (missed?)
  - WHO/UNICEF Report on Child Injuries (Dec 08)
  - UN Ministerial Summit on Road Safety in 2009 in Moscow
  - Support research and capacity development



# Gaps in Knowledge: Data! & Data?

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- Intervention effectiveness:
  - Field trials in LMIC minimal – severe constraint
  - Large scale evaluations needed (power)
- Economic analysis:
  - Cost of injuries and interventions
  - Cost effectiveness of interventions/programs
- Program & Policy analysis:
  - Return on investments for public sector
  - Operational roll out of national injury prevention programs





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# Recommendations: lend me your ears!

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- Government:
  - Policy dialogue on injuries within health
  - Act itself and promote investments by others
- Foundations:
  - Defined portfolios for action and research on injuries
  - Open “fiscal space” for training and education
- Academia/Research sector:
  - Pursuit of critical evidence for decisions
  - Major thrust on capacity development





# Health Systems Strengthening (HSS)

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- Currently injuries:
  - affect those where HS are weakest (EMS)
  - And these traditional models of HS are ID oriented and do not cater to injuries/trauma
- Approach for HSS for injuries:
  - People: trained professionals at all levels
  - Institutions: designated units with funds
  - Policies: that integrate injuries in health
- Injuries need cross-sectoral linkages with transport, education, law, etc.

