



GLOBAL ACUTE CARE FACT SHEET

- 36 million deaths, 63% of all deaths worldwide, are due to non-communicable diseases.¹
- Injury accounts for 10% of the total global burden of disease.²
- More than five million people die from violence and injury and over 100 million people sustain injuries each year. Approximately 90% of the global violence and injury mortality occurs in low- and middle-income countries.³
- 1.24 million people die each year as a result of road traffic crashes. Between 20 to 50 million more people suffer non-fatal injuries, with many incurring a disability as a result of their injury.⁴
- Road traffic injuries are the leading cause of death among young people, aged 15–29 years, and 91% of the world's fatalities on the roads occur in low-income and middle-income countries.⁴
- 80% of the deaths from injuries occur in low to middle income countries, much of which could be averted by appropriate emergency care.
- An estimated 265,000 deaths every year are caused by burns – the vast majority occur in low- and middle-income countries.⁵
- Only 45% of the global need for emergency obstetric care has been met and only 21% and 28% in low-income and lower-middle income countries respectively. 951 million women of reproductive age do not have access to emergency obstetric care.⁶
- Studies suggest that fewer than half of hospitals in sub-Saharan Africa, and as little as 19%, have the capacity to deliver 24-hour emergency care.⁷
- In March 2007, the World Health Assembly adopted resolution 60.22, which urges member states to prioritize emergency care services and to strengthen national trauma and emergency care systems.^{3,8}
- Strengthening trauma and emergency care could result in a decreased injury mortality rate of 8% (more than 400,000 lives).⁹
- Examples from LMICs show that training prehospital paramedics and lay providers reduced trauma mortality from 40% to 15%.¹⁰
- 45% of deaths and 36% of all disability-adjusted life years worldwide are amenable to secondary prevention via emergency care services.¹¹
- Strengthening pre-hospital care has been estimated to be highly cost-effective, costing less than \$100 per disability-adjusted life year averted.^{12,13}



References

1. Report of the Secretary-General on the prevention and control of noncommunicable diseases. New York: United Nations General Assembly; 2011 (Document A/66/83). Available from: <http://www.un.org/en/ga/president/65/issues/ncdiseases.shtml>.
2. Murray CJ, Vos T, Lozano R, et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2012 Dec 15;380(9859):2197-223.
3. Health systems: emergency-care systems; Resolution 60.22. World Health Assembly, 2007. Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA60/A60_R22-en.pdf.
4. Fact sheets: Road traffic injuries. World Health Organization. Available from: http://www.who.int/violence_injury_prevention/road_traffic/en/.
5. Fact sheets: Burns. World Health Organization. Available from: <http://www.who.int/mediacentre/factsheets/fs365/en/>.
6. Holmer H, Oyerinde K, Meara JG, Gillies R, Liljestrand J, Hagander L. The global met need for emergency obstetric care: a systematic review. *BJOG*. 2015 Jan;122(2):183-9.
7. Hsia RY, Mbembati NA, Macfarlane S, Kruk ME. Access to emergency and surgical care in sub-Saharan Africa: the infrastructure gap. *Health Policy Plan*. 2012 May;27(3):234-44.
8. Anderson PD, Suter RE, Mulligan T, Bodiwala G, Razzak JA, Mock C; International Federation for Emergency Medicine (IFEM) Task Force on Access and Availability of Emergency Care. World Health Assembly Resolution 60.22 and its importance as a health care policy tool for improving emergency care access and availability globally. *Ann Emerg Med*. 2012 Jul;60(1):35-44.e3
9. Mock C. WHA resolution on trauma and emergency care services. *Inj Prev*. 2007 Aug;13(4):285-6
10. Husum H, Gilbert M, Wisborg T, et al. Rural prehospital trauma systems improve trauma outcome in low-income countries: a prospective study from north Iraq and Cambodia. *J Trauma*. 2003;54:1188-1196.
11. Kobusingye OC, Hyder AA, Bishai D, et al. Emergency Medical Services. in: *Disease Control Priorities in Developing Countries*. 2nd ed. New York, NY: Oxford University Press; 2006:1261-1280
12. Laxminarayan R, Chow J, Shahid-Salles SA. Intervention Cost-Effectiveness: Overview of Main Messages. In: Jamison DT, Breman JG, Measham AR, et al. eds. *Disease Control Priorities in Developing Countries*. 2nd ed. New York, NY: Oxford University Press; 2006:35-86.
13. Health systems: Emergency-care systems. World Health Assembly, 2007. Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA60/A60_21-en.pdf.
14. World Health Organization. *The world health report 2003: shaping the future*. Geneva: WHO; 2003.