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


