

# Injury Care: A Missing Piece in the December 15, 2022 U.S.-Africa Leaders' Summit

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Globally, road traffic injuries, falls, interpersonal violence, and self-harm are leading causes of mortality, and these burdens are larger than that of human immunodeficiency virus (HIV) and malaria combined.<sup>1</sup> More than 90% of injuries occur in low- and middle-income countries, particularly in Africa,<sup>2</sup> which has the largest youthful population in the world<sup>3</sup> resulting in a more active population that is prone to injuries.<sup>4</sup> The rate of injuries in Africa per 100,000 population doubled between 1990 and 2015.<sup>5</sup> This is attributed to major infrastructural development and poor maintenance of road networks. Unfortunately, the African health system has not kept pace with this increase in injuries. Some of the most glaring shortfalls are few trained health personnel to treat injuries, such as orthopedic surgeons, and lack of state-of-the-art equipment and implants.

On December 15, 2022, the Biden Administration pledged to spend \$55 billion over the next three years in Africa. This involves \$1.33 billion annually to address gaps in the health workforce.<sup>6</sup> It will be a great opportunity to invest in capacity building for health personnel on trauma/injury care like training more orthopedic surgeons and supporting international orthopedic fellowships. Likewise, \$782 million was pledged to address health security and health system strengthening. Our speculation is that nothing will be allocated to address injury care in Africa. It, therefore, will be a missed opportunity if trauma care is not prioritized in this strategic initiative.

Over the last two decades, the U.S. government through the President's Emergency Plan for AIDS relief (PEPFAR) has spent over \$100 billion to address HIV/AIDS globally and particularly in Africa.<sup>7</sup> In FY2022, the U.S. government spent over \$1 billion on malaria related activities through initiatives like the President's Malaria Initiative,<sup>8</sup> but little has been committed to address the growing burden of injury in Africa. We have seen how initiatives like PEPFAR, the U.S. President's Malaria Initiative, Scaling Up Nutrition (SUN), the Global Fund, and the Vaccine Alliance (GAVI) have contributed to reduce the gap or, in some cases, reverse the trend in diseases across Africa. All these initiatives have used a global health approach, with collaborative partnership and a global funding mechanism.

Some of the December 15 financial pledge should be used to begin groundwork for an African Injury Alliance, to strengthen human capacity through training of primary health care workers on trauma/injury care, increasing the number of orthopedic surgeons, and partnering with manufacturers to establish a supply chain network for high

quality affordable implants and state-of-the-art equipment. All these will reduce wait time for surgical interventions, increase the quality of care, and decrease post-operative complications, thus contributing to productive gains and fostering economic development.

There is a similar initiative at the University of Kansas Medical Center called the African Trauma Initiative with objectives to provide a yearlong fellowship for African orthopedic surgeons in various orthopedic subspecialties with a focus on treatment of injuries and their sequelae. It also partners with U.S. implant and equipment manufacturers to provide a sustainable supply of state-of-the-art orthopedic implants and equipment to African hospitals. With sufficient national funding, such a program could be extended to other academic programs across America resulting in a substantial impact on injury care in Africa.<sup>9</sup>

Currently, we are lagging in efforts to address the burden of injuries in Africa, and we need to establish realistic global targets and a path towards achieving them through global funding mechanisms and collaborative partnerships like the U.S.-African leaders' summit.

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