WHO Global Alliance for Care of the Injured

Background

The injured need care. Now.

Every year, over five million people die from road traffic crashes, violence, and other causes of injury. Millions more suffer lifelong disability and lost economic productivity. Injury accounts for 11% of the total global burden of disease. By far the greatest part of the burden of death and disability from injury, approximately 90%, occurs in low- and middle-income countries.

Preventing injuries is very important, but improving access and quality of trauma care can also reduce this burden significantly. Gross disparities in outcome of injury exist between low- and middle-income countries and high-income countries. For example, people with life-threatening but survivable injuries are six times more likely to die in a low-income setting (36% mortality) than in a high-income setting (6% mortality).

In an effort to diminish such inequalities and to improve care of the injured globally, WHO has taken several steps. WHO has published guidance documents on technical aspects of planning prehospital and hospital-based trauma care services. WHO has also provided on-the-ground assistance to many ministries of health on implementation of these guidance documents. However, much more remains to be done.

We can save 2 million lives each year.

What is needed is strengthening of trauma care systems, including prehospital care and transport, initial care in emergency departments, definitive hospital-based care, and long-term rehabilitation back to active life. Across all of these points of the spectrum, there is a need for greater attention to detail in planning human resources (staffing and training), physical resources (equipment and supplies), and administration (such as quality improvement programmes). Such improvements could save the lives of 2 million injured people each year.

In order to promote these improvements, government leaders adopted World Health Assembly resolution 60.22 in 2007 to strengthen the provision of trauma and emergency care services globally. The momentum was carried forward and in October 2009, over 100 leaders in trauma care from 39 countries converged in Rio de Janeiro, Brazil to develop recommendations to promote improved services for the care of the injured.
What is the WHO Global Alliance for Care of the Injured (GACI)?

GACI is a network of governmental and integovernmental organizations as well as nongovernmental organizations, including professional societies, working internationally, who collaborate to improve care for the injured across the spectrum of prehospital and hospital care and rehabilitation of the injured. The aim is to save millions of lives and minimize the devastating consequences of injuries by strengthening trauma care systems.

Vision

GACI’s vision is to provide guidance and support to governments to significantly improve care of the injured in a sustainable and affordable manner through systematic provision of essential trauma services. These services should be available to every injured person in any location without regard to their personal characteristics or ability to pay.

Activities and working groups

GACI’s members undertake activities through several working groups:

TRAUMA SYSTEM DEVELOPMENT

Long-term goals

- Encourage improvements in trauma care by promoting trauma system planning, development and monitoring at the country level.
- Promote best practices and policy-level changes for system-wide improvements in care of the injured.

Next steps

- Develop a road map document that contains a description of the elements of trauma systems, which are globally applicable; along with a rating system for each element.
- Develop an assessment guide on how the road map document can be used for both external and internal assessment of the status of trauma systems and for identification of next steps in trauma system development.
EVIDENCE AND RESEARCH

Long-term goals
• Facilitate an up-to-date evidence base that relates directly to the goals of GACI and set an agenda to promote research to address the most important evidence gaps.

Next steps
• Document success stories that are examples of what has worked in advancing trauma systems in different settings globally.
• Develop a list of relevant evidence resources.
• Engage with international research consortia to identify the most important knowledge gaps.

TRAUMA REGISTRY AND DATA

Long-term goals
• Promote wider and more standardized collection of data for injury surveillance and trauma care quality improvement.

Next steps
• Establish a minimum dataset to facilitate trauma registry implementation.
• Compile case studies of good practice in establishing trauma registries globally.

EDUCATION AND CAPACITY BUILDING

Long-term goals
• Identify gaps in current capacity and promote training to address these gaps.
• Share information, experiences, and expertise through development of technical partnerships and other collaborative projects, including exchange visits and direct support to countries.

Next steps
• Develop institutional twinning and individual mentorship programmes that would benefit developing trauma systems, in similar to fashion to the existing Mentor-VIP programme.
• Undertake courses on trauma system planning and on trauma quality improvement at the request of countries and regions.

ADVOCACY

Long-term goals
• Encourage increased attention and resource allocation for trauma care through advocacy efforts that will ultimately lead to increased access to essential trauma care services for all injured persons globally.

Next steps
• Develop an aspirational statement to guide advocacy efforts.
• Develop advocacy materials to promote GACI’s goals.
Who can participate?

• Providing there is no conflict of interest, GACI participation is open on a voluntary basis to governmental and intergovernmental organizations as well as non-governmental organizations, including professional societies, working internationally.

• All participant organizations agree to promote the provisions of World Health Assembly resolution 60.22 and to promote the concept of essential trauma services that are available to all injured persons globally.

• Participants must demonstrate a clear interest, understanding, or expertise in care of the injured or in broader efforts to strengthen aspects of health systems that impact upon care of the injured.

• Interested participants can write an application letter to the secretariat, endorsing the Terms of Reference of GACI.

Benefits of participation

• Opportunities to contribute to global improvements in care of the injured

• Opportunities to share information and network

  • Interact with local, national, regional, and international agencies working towards a common goal at all levels, including resource mobilization, programming, policy, and development.

  • Receive access to GACI information exchange mechanisms, including internal GACI communications (e.g. work plan, meeting reports).

• Participation in GACI meetings

  • Share your experience and expertise in meetings, including with relevant ad hoc working groups as necessary and contribute to WHO publications, other products and activities.

• Recognition

  • Be named on the GACI web site, and create a link to your own web site.

Related links

World Health Assembly resolution 60.22
http://apps.who.int/gb/ebwha/pdf_files/WHA60/A60_R22-en.pdf

WHO trauma care and services publications and resources

Contact

Secretariat of the WHO Global Alliance for Care of the Injured
Department of Violence and Injury Prevention and Disability
World Health Organization
20 Avenue Appia
CH-1211 Geneva 27 Switzerland
Phone: +41 22 791 2983
Email: vip@who.int