Acute injuries have been considered the “number one killer and major cause of disability of children and young people” for more than 20 years[2]. This has been stated by “facts and injuries” and focused on acute injury/trauma as an integral, inclusive and undivided entity, significant progress has been made in the reduction of deaths and disability[3,4]. However, in most countries, acute injuries (trauma) are still typically considered as “accidents”[5] and are released once they have been endorsed by more countries. Despite this progress, there is a clear need to declare trauma as a disease with very little variation in five of the six World Health Organization regions[6]. In Africa, the lack of data is another good example of this endeavour.

The burden of disease

As a result of these collective efforts, many countries have given prominent status to this concept in their health and development agendas. The success of “trauma prevention” has led to the creation of a new entity in the health care systems, which is “trauma care system”[7]. However, it has received limited support from the medical community and other stakeholders. It is still described by emergency (trauma care), hospitals, patients, and trauma care systems. There have been significant improvements in some countries and they have acted as though it is. For instance, Canada, Germany and the USA have given prominent status to this concept in their health and development agendas. The success of “trauma prevention” has led to the creation of a new entity in the health care systems, which is “trauma care system”[7]. However, it has received limited support from the medical community and other stakeholders. It is still described by emergency (trauma care), hospitals, patients, and trauma care systems. There have been significant improvements in some countries and they have acted as though it is. For instance, Canada, Germany and the USA have given prominent status to this concept in their health and development agendas. The success of “trauma prevention” has led to the creation of a new entity in the health care systems, which is “trauma care system”[7]. However, it has received limited support from the medical community and other stakeholders. It is still described by emergency (trauma care), hospitals, patients, and trauma care systems. There have been significant improvements in some countries and they have acted as though it is. For instance, Canada, Germany and the USA have given prominent status to this concept in their health and development agendas.
Therapeutic advances have increased survival rates; thus, prevention may be feasible through early psychological interventions. Therefore, prevention of poisonings, falls, fire and burn injuries, and drowning is possible.

In high-income countries, 60% of individuals will live to 70 years of age, compared to 50% in low-income countries. If no action is taken, this situation will continue. The failure to scientifically link causes to the magnitude of the trauma burden and mortality. In such cases, internationally validated guidelines for the development of trauma systems and prehospital measures are not followed, resulting in suboptimal outcomes. In LMICs, prehospital care is often not available, diagnostic and triaging capabilities are poorly developed, resources are inadequate, and triage procedures are not utilized.

In addition, the paucity of safety regulations and enforcement in LMICs contributes to the lack of prevention and control of injuries. An example of this is the lack of data on the number of road-traffic deaths in LMICs, compared to the millions of road-traffic deaths in HICs.

The failure to scientifically link causes to the magnitude of the trauma burden and mortality is a key factor in understanding the development of trauma systems. If no action is taken, this situation will continue to increase. A significant number of people in LMICs die from injury-related causes. This is a public health problem in the context of increasing urbanization and population growth. However, treating resultant illness will only ever be able to impact 30% of deaths in LMICs.

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