



# Disease Control Priorities 3<sup>rd</sup> Edition CARE OF THE INJURED

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EMRO DCP3 Policy Forum
22 February, 2016



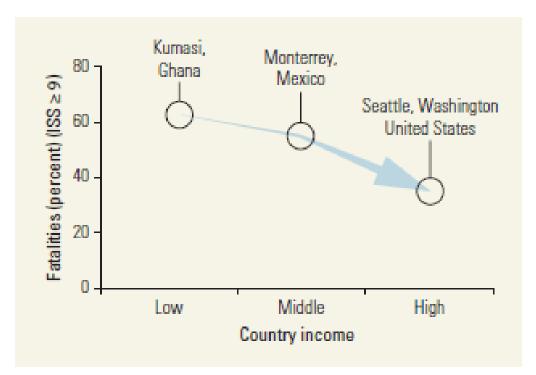
### Disease Control Priorities, 3<sup>rd</sup> Edition

### **DCP3 Volume Topics**

- 1. Essential Surgery PUBLISHED MARCH 2015
- 2. Reproductive, Maternal, Newborn and Child Health March 2016
- 3. Cancer PUBLISHED NOVEMBER 2015
- 4. Mental, Neurological, and Substance Use Disorders Feb. 2016
- 5. Cardiovascular, Respiratory and Related Disorders 2016
- 6. HIV/AIDS, STIs, Tuberculosis and Malaria 2016
- 7. Injury Prevention and Environmental Health 2016
- 8. Child and Adolescent Development 2016
- 9. Disease Control Priorities: Improving Health & Reducing Poverty 2016

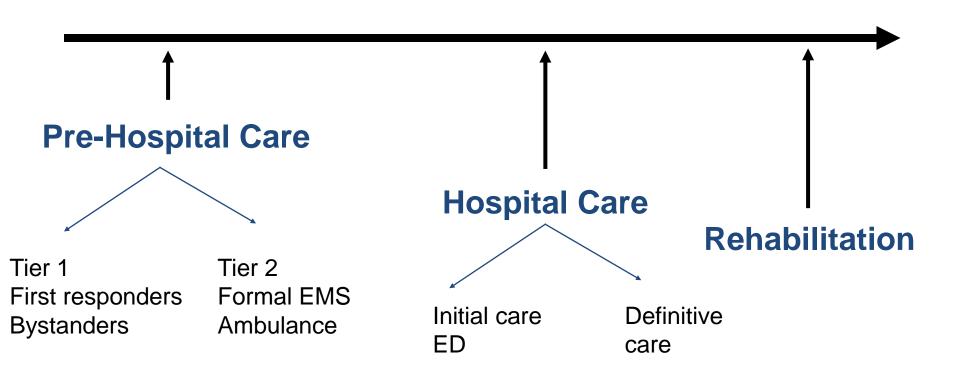


Figure 3.1 Case Fatality Rates for Severely Injured People, 1998



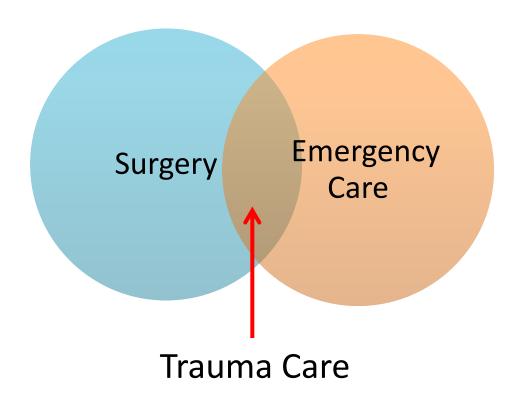
Source: DCP3, Volume 1

If we could eliminate these inequities, we could save the lives of 2,000,000 of the 5,000,000 injury deaths **Trauma System:** All that a country or area has in place for care of the injured, across the spectrum of prehospital care, hospital care, and long-term rehabilitation (WHO).





### DCP3 IDENTIFYING MOST CE INTERVENTIONS





### **Prehospital Care**

economic evaluation for health

- Strengthen basic ambulance services when they exist.
- But around 70% of world's population not covered.
- How to proceed?
  - Start new ambulance services.
    - Expensive
  - Build on base of first responders



# **Improving Prehospital Care in Absence of Formal EMS**

Northern Iraq and Cambodia, mine infested areas.

### Intervention:

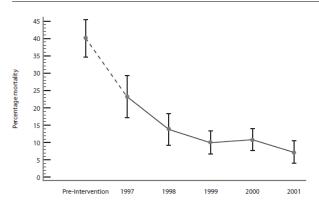
- Two tier system instituted:
  - 5000 lay first responders with 1st aid training.
  - Paramedics with 450 hour formal training.

### **Effect:**

•Mortality decreased: 40% to 9%.

**Source:** Husum et al. J Trauma 54: 1188; 2003

Figure 1 Mortality among injured people cared for by the Village University trauma system in Cambodia and Iraq



Results are expressed as yearly means, with 95% confidence interval bars (a measure of statistical accuracy). Source: Hans Husum (with permission).



- Cost effectiveness of prehospital care:
  - Dollars per DALY averted

- First responder training: \$7
- Basic ambulance (urban): \$94
- Basic ambulance (rural): \$284



### Facility-based care

economic evaluation for health

- Delivery of emergency care in general
  - Trauma care in particular
- Need for strengthening of delivery in most environments.
- UHC Essential packages
  - Meet biggest population needs
  - Cost-effective
  - Feasible to promote globally



## Facility-based care

economic evaluation for health

Table 1.1 The Essential Surgery Package: Procedures and Platforms<sup>a,b</sup>

	Platform for delivery of procedure <sup>c</sup>			
Type of procedure	Community facility and primary health center	First-level hospital	Second- and third-level hospitals	
Dental procedures	1. Extraction			
	Drainage of dental abscess			
	3. Treatment for caries <sup>d</sup>			
Obstetric, gynecologic, and family planning	4. Normal delivery	1. Cesarean birth	1. Repair obstetric fistula	
		2. Vacuum extraction/forceps delivery		
		3. Ectopic pregnancy		
		Manual vacuum aspiration and dilation and curettage		
		5. Tubal ligation		
		6. Vasectomy		
		7. Hysterectomy for uterine rupture or intractable postpartum hemorrhage		
		Visual inspection with acetic acid and cryotherapy for precancerous cervical lesions		
General surgical	5. Drainage of superficial abscess	Repair of perforations: for example, perforated peptic ulcer, typhoid ileal perforation		
	6. Male circumcision	10. Appendectomy		
		11. Bowel obstruction		
		12. Colostomy		



## Facility-based care

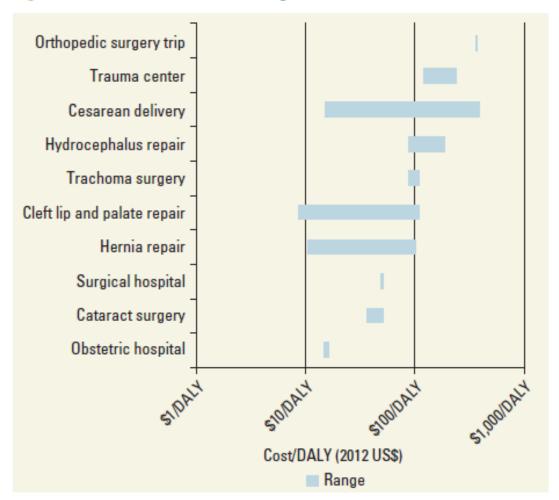
economic evaluation for health

Table 1.1 The Essential Surgery Package: Procedures and Platforms<sup>a,b</sup> (continued)

Type of procedure	Platform for delivery of procedure <sup>c</sup>			
	Community facility and primary health center	First-level hospital	Second- and third-level hospitals	
Injurye	7. Resuscitation with basic life support measures	17. Resuscitation with advanced life support measures, including surgical airway		
	8. Suturing laceration	18. Tube thoracostomy (chest drain)		
	9. Management of non- displaced fractures	19. Trauma laparotomy <sup>f</sup>		
		20. Fracture reduction		
		21. Irrigation and debridement of open fractures		
		22. Placement of external fixator; use of traction		
		23. Escharotomy/fasciotomy (cutting of constricting tissue to relieve pressure from swelling)		
		24. Trauma-related amputations		
		25. Skin grafting		
		26. Burr hole		

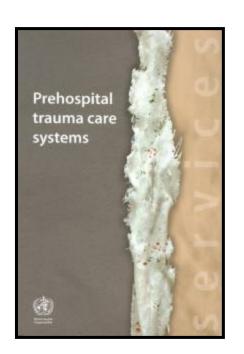


Figure 1.2 Cost-Effectiveness of Surgical Interventions





# WHO efforts to promote better organized trauma systems globally

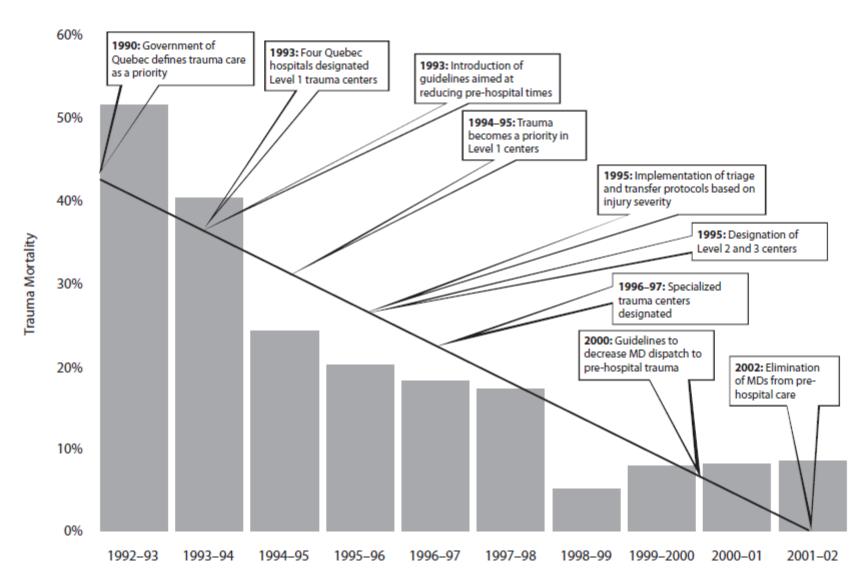






DCP3 UHC Essential package for trauma care based on existing WHO Guidelines for Essential Trauma Care

Figure 1 Mortality among severely injured patients (by year) in Quebec



Inclusion criteria specified death as a result of injury or an Injury Severity Score (ISS) exceeding 12, a Prehospital Index exceeding 3, two or more injuries with an Abbreviated Injury Scale score of 3 or higher, or a hospital stay exceeding 3 days. Note: small year-to-year fluctuations in percentage mortality are expected. The overall trend, however, is steadily downward. MDs = doctors.



### Conclusions

- Trauma care part of broader emergency care:
  - Dr. Reynolds to address.

- Essential packages in UHC.
  - How to promote in policy?
  - For discussion.





### THANK YOU

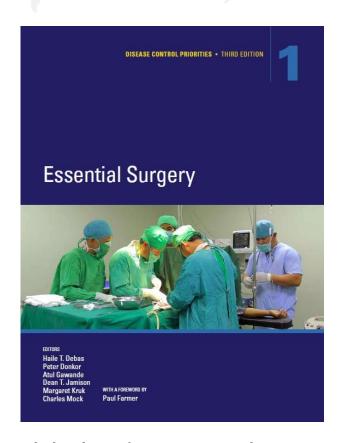
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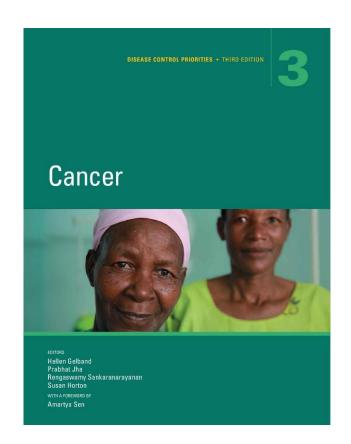




# Surgery and Cancer: Published



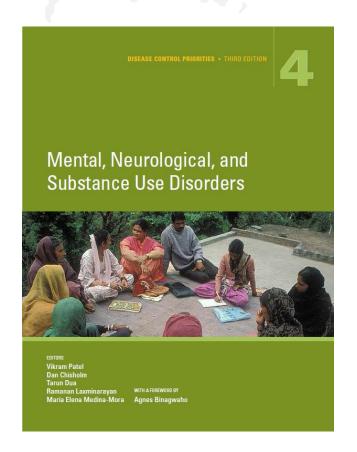
Published in March 2015



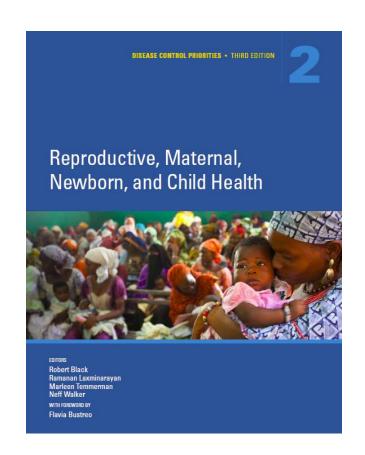
Published in November 2015



## RMNCH & Mental Health: In Final Production



**Expected late February** 



**Expected Mid-March** 



# Lancet publication: Chapter 1's

### Essential surgery: key messages from Disease Control Priorities, (1) 1 3rd edition



Charles N Mock, Peter Donkor, Atul Gawande, Dean T Jamison

The World Bank will publish the nine volumes Essential Surgery—identifies 44 surgical procedu cost effective, and are feasible to implement. The avertable deaths in low-income and middle-income most cost effective of all health interventions. 44 essential procedures, making investment in access to surgery, such as task sharing, have be investments in building surgical and anaesthes 28 procedures provided at first-level hospital

findings. First, provision of essential surgical pri Addressing the burden of mental, neurological, and substance use disorders: key messages from Disease Control Priorities, 3rd edition



February, 2015

The burden of mental, neurolog now accounts for one in every 1 substantial excess mortality asso

on affected persons, their caregiv

Vikram Patel\*, Dan Chisholm\*, Rachana Ramanan Laxminarayan, Carol Levin, Gr Graham Thomiar oft, Harvey Whiteford,

Costs, affordability, and feasibility of an essential package of cancer control interventions in low-income and middle-income countries: key messages from Disease Control Priorities, 3rd edition



October, 2015

Hellen Geband, Rengaswamy Sankaranarayanan, Cindy L. Gauvreau, Susan Horton, Benjamin O Anderson, Freddie Bray, James Cleary, Anna J Dare, Lynette Denny, Mary K Gospodarowicz, Surnit Gupta, Scott C Howard, David A Jaffray, Felicia Knaul, Carol Levin, Linda Rabeneck, Preetha Rajaraman, Terrence Sullivan, Edward I. Trimble, Prabhat Jha, for the Disease Control Priorities-3 Cancer Author Group\*

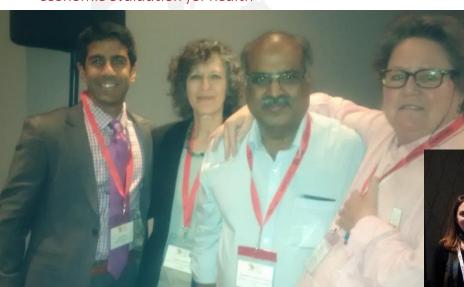
Investments in cancer control—prevention, detection, diagnosis, surgery, other treatment, and palliative care—are Published Online increasingly needed in low-income and particularly in middle-income countries, where most of the world's cancer deaths

November, 2015



### Launches

economic evaluation for health



Cancer: AORTIC, Marrakech , Nov, 2015



Surgery: CUGH, Boston, March, 2015



### **EMRO Policy Fora**

Two way street with policy makers:

Shaping key messages

Looking for windows to advance policy.

Mental Health: June 16, 2015; London

CVD: Nov 14, 2015; Geneva

Road Safety: Feb 22, 2016; UAE

Ch Ad Dev: April 19, UAE



### **Table 14.1** Summary of Cost and Effectiveness of Interventions *U.S. dollars*

	Intervention			
	Trained lay first responders and paramedic responders	Staffed community ambulance, urban	Staffed community ambulance, rural	
Cost per 1 million population	62,923	1,272,705	3,827,376	
Cost per death averted per 1 million population	170	1,818	5,468	
Cost per life year gained per 1 million population	7	94	284	