Safe Roads, Safe Surgery: Achieving SDG 3

Summary
Traumatic injuries from road traffic incidents (RTI) are among the top causes of death and disability worldwide, with approximately 1.25 million people affected each year. Due to increased urbanization and industrialization, low and middle-income (LMIC) countries bear a disproportionate number of injury-related deaths and will continue to bear this burden until governments invest in the expansion of infrastructure and development of roads. Improving the survival of trauma patients hinges upon timely and effective pre-hospital and hospital-based interventions, including access to safe and affordable surgical care. Achieving Sustainable Development Goal (SDG) 3, the SDG for health and well-being, is impossible without addressing the increasing global burden of disease caused by RTIs. It is imperative to prioritize and increase our efforts to improve, implement, and invest in surgical care as it affects victims of RTIs. If action is delayed, millions will continue to suffer needless deaths, disabilities, and related financial catastrophe every year.

Background
Sustainable Development Goal 3 “aims to ensure healthy lives and promote well-being for all at all ages.” To achieve this ambitious goal, 13 specific targets were set, including the global reduction of morbidity and mortality from RTIs by 50% by the year 2020. Currently, RTIs are the leading global causes of death amongst young people aged 15-29 years. LMICs suffer from a disproportionate number of injury-related deaths, with a fatality rate of 24.1 per 100,000 populous, representing 90% of all road traffic deaths worldwide. The development of organized and integrated pre-hospital and emergency care systems decreases morbidity and mortality from RTIs. Surgical care represents an integral part of this framework. Additionally, surgical interventions, particularly in an emergency setting, are cost-effective and pivotal in preventing long-term disability.

Lack of effective political advocacy and insufficient resources continue to be major barriers to providing surgical emergency care in LMICs. Without investment in the surgical system, losses in economic productivity in LMICs will total 12.3 trillion USD by 2030. Improvements in trauma care can save up to 2 million lives annually in LMICs, but in order to be effective, these improvements must integrate surgical care. Improving health to ensuring well-being is a complex matter that necessitates societal, governmental, and economic involvement. It is a public health priority to invest in safe surgical and anesthesia care to develop a sustainable health system.

Call to Action
Over 90% of RTIs occur in LMICs, causing considerable economic losses not just to victims and their families, but also to nations as a whole. Accomplishing the targets set forth in SDG 3 is impossible without investing in surgical care as an essential strategy for reducing morbidity, mortality, and disability caused by traumatic injuries. It is imperative that we direct our attention to prioritizing surgical, anesthesia, and emergency care. We call upon governments, multilateral partners and civil society to commit to the following:

1. Sign on to the speed vaccine campaign to reduce traffic speeds to a level safe for children. The campaign is endorsed by leading public health figures including Michael Bloomberg, Jimmy Carter, and Margaret Chan and builds on SDG 3.6 and the Habitat III New Urban Agenda call for ‘a safe and healthy journey to school for every child as a priority.’
2. Engage in cross-sector collaboration and report back on commitments and progress to support the SDG 3 on health and wellbeing and work towards halving road deaths by 2020;
3. Prioritize robust investments to strengthen national health systems, ensuring that universal health coverage includes essential surgical and trauma care to saves lives and prevent disability resulting from road-traffic related accidents and injuries.
1. WHO Global Status Report on Road Safety 2015
2. Ibid