



*One Bullet Story  
series*

***The Socio-economic  
Impacts of Firearm  
Violence in  
Lusaka, Zambia***

**"THERE IS NO CHEAP BULLET"**

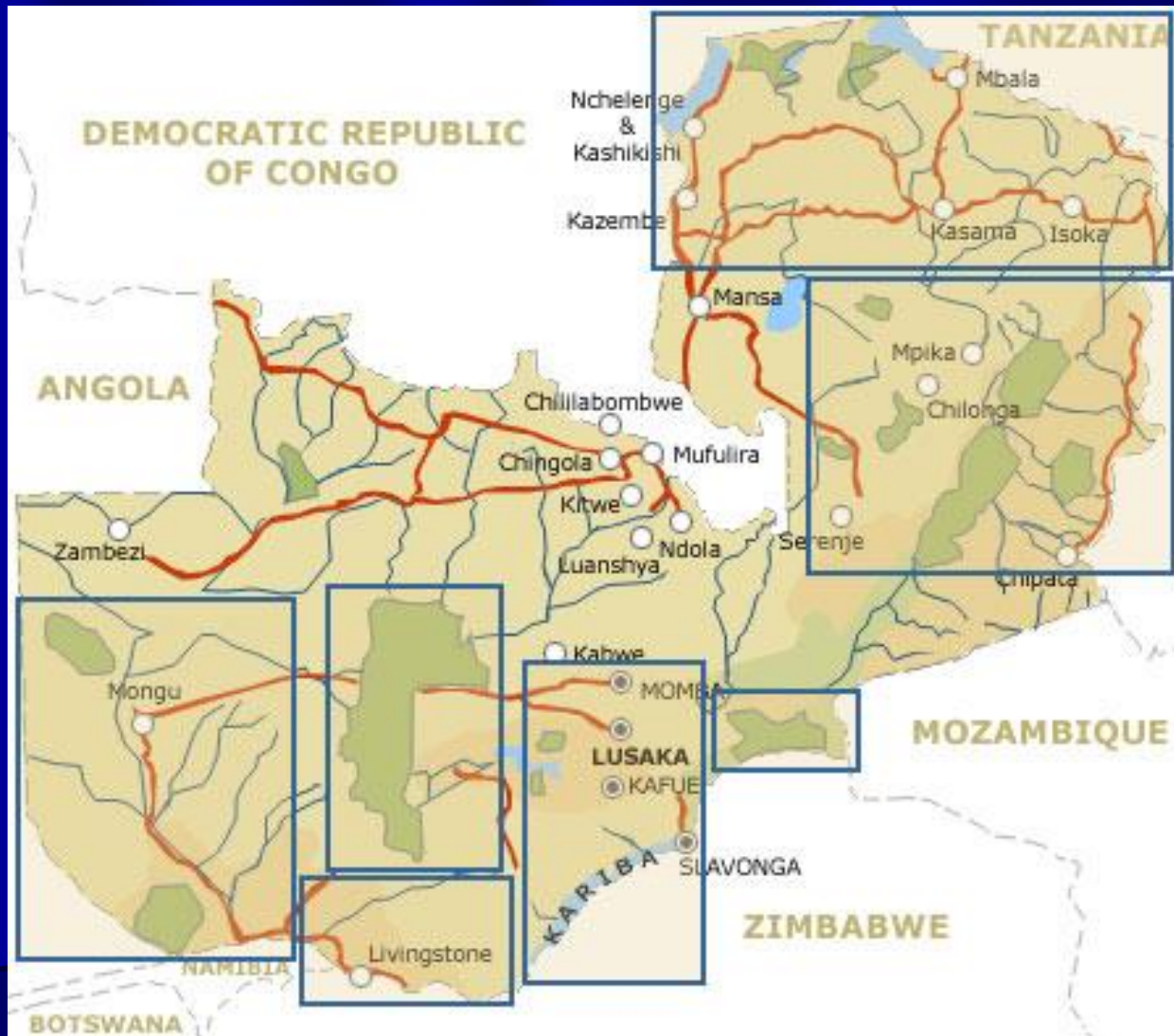
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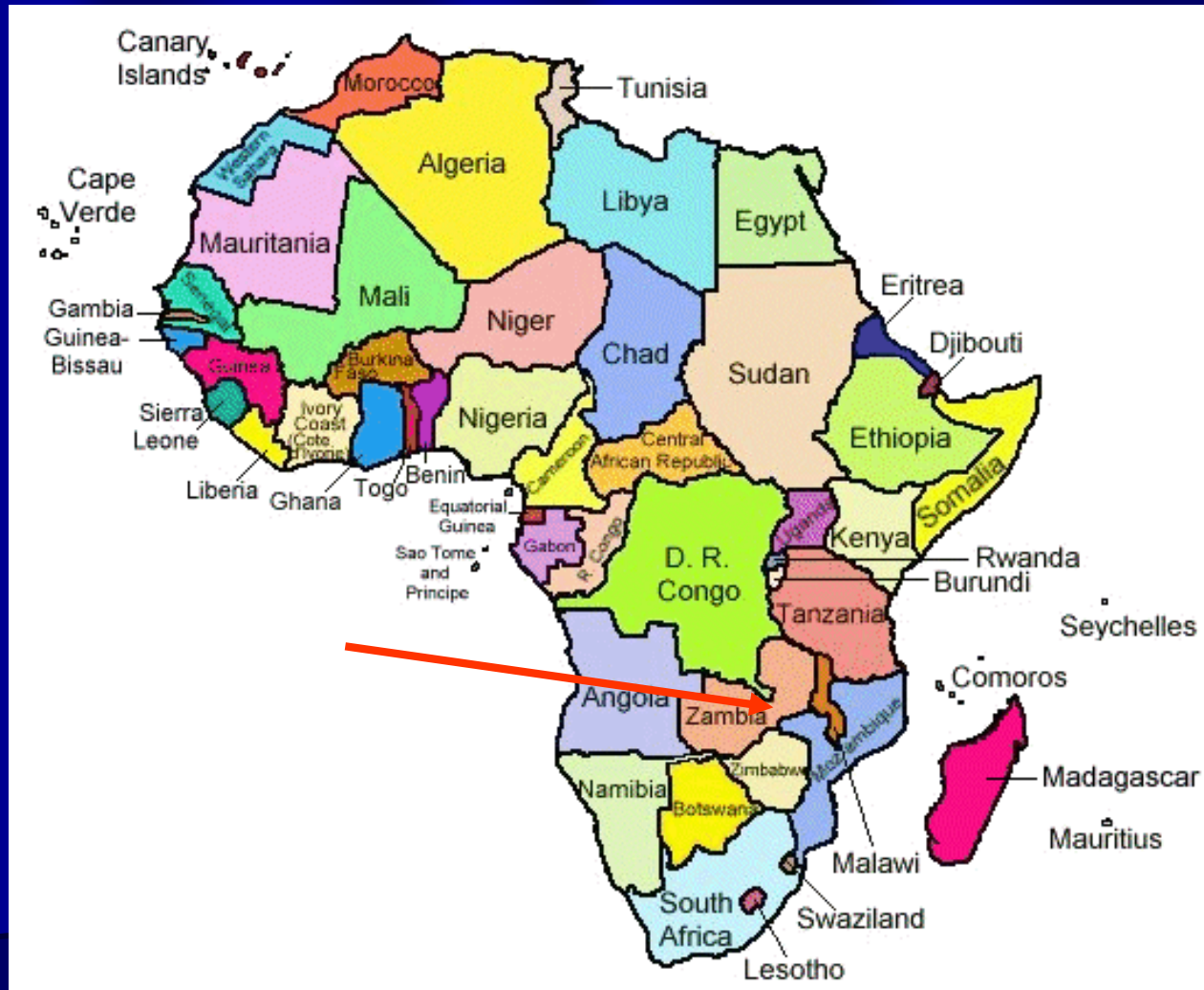
**International Physicians for the  
Prevention Of Nuclear War,  
IPPNW/Zambia**



# MAP OF ZAMBIA



# MAP OF AFRICA SHOWING ZAMBIA'S LOCATION



**Firearms-related violence is not considered as a public health issue in the same way HIV/AIDS, Malaria, Tuberculosis, malnutrition, among others are.**

**In Zambia, this scourge is discussed as a security and criminal justice issue.**

**The following “One Bullet Stories” of gunshot victims at a Lusaka hospital prove that small arms *are* a public health threat in Zambia.**

**The medical community needs to become involved to help stop the injuries and deaths.**



# Surgical visits to the University Teaching Hospital in Lusaka

- The UTH has five general surgical wards & 7 surgical subspecialties.
- Cases profiled give a flavour and extent of the problem (1998-2002).
- UTH sees about 1/3 of gunshot incidents Lusaka.
- Some cases are not admitted to the wards.
- Other gunshot injuries seen in private health units.

# SOME ILLUSTRATIVE CASES

## Case#1

- **Male/13 Years, sustained gun shot wounds to the face.**
- **AK47 used in felony-from DRC (police)**
- **Reconstructive surgery, a tracheotomy, gastrostomy, 3 units of blood, intensive care unit ventilatory support.**
- **Spent 14 days in hospital.**
- **Needed 16 weeks follow-up.**
- **Cost health care system US\$ 3000.**







5 cm





## Case # 2

- **Male/33, sustained multiple bowel perforations from gun shot injuries.**
- **Needed a laparotomy to repair the bowels.**
- **Developed complications along the way.**
- **Discharged from hospital after 27 days.**
- **Cost the health system around US \$2000.**

# Case #3

- **Male 7/years, with skull bullet injuries, sustaining brain herniation.**
- **Took over 3 hours theatre time, resuscitation, removal of damaged bone and skin chips. Bandaged and taken to the intensive care unit.**
- **Died same day.**
- **Cost hospital US \$1000.**

## Case #4

- **Female/13 years, with multiple intra-abdominal gun shot injuries.**
- **Need laparotomy to repair the large bowels and kidney.**
- **Died one day later from haemorrhaging.**
- **Cost hospital US \$1200.**

## Case # 5

- **Male/19, shot in the abdomen, sustained injuries to the urinary bladder, liver, stomach and large colon.**
- **Needed a laparotomy to repair the damaged organs, lasting over 2 hours, stayed 7 days in hospital.**
- **This visit cost the hospital about US\$ 1500, excluding secondary costs such visits from relatives and friends, lost productivity, psychological trauma etc.**



## Case #6

- **Female/2 years 6 months old, shot in the knee with damage to the vasculature.**
- **Needed exploration of the wound and ligation of the bleeders.**
- **Spent 8 days in hospital.**
- **Cost the health care system about US\$ 700.**









# Contextual Issues

- **Huge Burden of Preventable Diseases and Death**
  - High incidence and prevalence of HIV/AIDS with opportunistic infections such as TB, diarrhoeal diseases etc.
  - High malaria incidence & resistance of Plasmodium to the cheaper drug chloroquine.
  - Rising cases of Non-communicable diseases.
- **Inadequate resources to finance health service provision. This gives rise to:**
  - Erratic supply of drugs and other supplies.
  - Dilapidated infrastructure and equipment
- **Lack of health facilities to undertake specialised treatment in the country.**
- **High attrition rates among the core health workers in the public sector.**

## The Resource Envelope

- **The WHO Commission on Macroeconomics has estimated that Zambia needs a per capita expenditure of \$33 in order to deliver the Basic Health Care Package.**
- **From 2000 to 2004, the per capita expenditure on health has only averaged \$18 inclusive of public & private expenditure.**
- **Provision of public health services at primary & secondary level require at least \$12 per capita.**

## The Resource Envelope

- **This is exclusive of the following costs**
  - Tertiary level care
  - Co-artem as the first line drug for malaria;
  - HIV/AIDS interventions (VCT, PMTCT, ART)
  - Residual indoor spraying for malaria;
  - DPT+ Hib vaccines
- **Currently these are supported through**
  - Global Funds
  - Multilateral organizations
  - Pefar



# One Bullet is Too Costly

- **The costs of direct health costs are truly enormous.**
- **Zambia's health budget is USD \$18/person/year**
- **The costs of gun violence are varied:**
  - \* **Physical costs - disability, eyesight loss.**
  - \* **Social costs, i.e. dependence, identity crisis arising from changed status**
  - \* **Economic costs - arising from medical costs, mental health costs quality of life costs among other things.**

# FURTHER COSTS

- **Hiring of security agents for protection of persons and property arising from fear of being attacked by armed elements.**
- **Erection of perimeter walls around premises.**
- **Creation of a culture of violence.**
- **Scaring off investors.**
- **Increased policing costs.**

# ONE CONCLUSION

**Medical community - Get Involved!**

**Help:**

- **Stop One Bullet From Being Fired.**
- **Join The Call For An Arms Trade Treaty.**
- **Support The Implementation Of The SADC Protocol.**
- **Support Stricter National Gun Laws.**
- **Educate Colleagues About The Urgent Need To Stop Gun Violence.**

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