One Bullet Story series

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

“THERE IS NO CHEAP BULLET”
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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 tracheotomony, 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.
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 as 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
  - Pepfar
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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