

Long-term disability after trauma in Ethiopia: shedding light on a hidden epidemic

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Injury is a global health priority that has been historically overlooked, resulting in significant healthcare disparities in low and middle-income countries (LMICs). The global burden of injury surpasses those of HIV/AIDS, malaria and tuberculosis combined.¹ However, trauma systems development is massively underfunded, accounting for only 0.02% of global development assistance for care.² The majority of countries in sub-Saharan Africa (SSA) face substantial gaps in trauma care services, with significant challenges in clinical care, education, training and quality assurance programs.³

Addressing the global burden of injury requires comprehensive efforts to strengthen the trauma chain of survival, including prehospital care, resuscitation, definitive treatment and rehabilitation.⁴ Despite efforts to improve global access to trauma care, trauma rehabilitation services remain widely unavailable in SSA.⁵ A lack of data about the long-term functional outcomes of patients with trauma in LMICs, where patients with disabilities are at especially high risk of being lost to follow up, poses a significant challenge for trauma rehabilitation capacity building and advocacy.

Addressing this critical data gap, Ahmed *et al* provide invaluable insight into the long-term impact of injury among patients with trauma receiving care at a national referral trauma center in Addis Ababa, Ethiopia.⁶ Of respondents, 75% were under 40 years old, 99% were employed prior to injury and 65% suffered work-related injuries. Using telephone follow-up interviews, the authors determined that 61% of respondents had ongoing disability 1 year after their injuries. Only 59% were able to return to work, with physical, social and psychological stressors all presenting sizeable challenges.

This study adds to a small body of literature using telephone follow-up interviews to collect data about the long-term functional outcomes of trauma patients in SSA, demonstrating the feasibility and utility of that innovative approach to study a neglected population.^{7–9}

The study does have some limitations, with only 21% of eligible patients completing follow-up interviews. Notably, patients who died after hospital discharge were not included. Respondents were predominantly urban residents who were cared for at a national trauma referral center, limiting generalizability of these findings. Still, the study importantly demonstrates the hidden epidemic of long-term disability following injury in SSA and its economic impact. It highlights the dire need for improved access to rehabilitation services and formal support systems to promote return to work. Ahmed *et al* should be commended for laying the foundation for further research about the true burden of

trauma in LMICs and providing a blueprint for future investigators.

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