Gun violence – South Africa's neglected public health emergency

In his 2026 State of the Nation Address, President Cyril Ramaphosa identified alcohol and firearms as drivers of violence, and committed to strengthening related regulation.[1] South Africa (SA) has homicide rates that are among the highest in the world, and place very real strain on health systems.[2] Ramaphosa's focus opens important opportunities for health sector advocacy and interventions in SA. According to SA Police Service (SAPS) annual crime statistics for 2023/24, 27 621 people were killed in homicides, more than six times the global average.[3] Firearms are central to this pattern, and their widespread availability has reshaped the scale and lethality of violence.[4] SAPS quarterly crime statistics indicate that >30 South Africans are shot dead every day, and many more survive with complex injuries and with long-term mental health challenges. Firearm-related murders increased from 31% to 44% of all murders between 2020 and 2025.

Men account for the overwhelming majority of homicide deaths, particularly young men in marginalised communities. In 2017, SA's male homicide rate among young men aged 15 - 29 years (~101 per 100 000) places it among the highest in the world, exceeding even national youth homicide rates recorded in Mexico during recent surges of cartel-related violence. At the same time, firearm use by men is a key driver of violence against women and children. Firearms are now the most common mechanism used to kill women.[5] In abusive relationships, guns frequently induce sustained fear, and facilitate coercive control.[6] Children exposed to firearm violence experience elevated risks of post-traumatic stress symptoms, anxiety and impaired concentration.[7] Firearm injury in SA therefore produces distinct but interconnected harms across genders and generations.

Firearm injury in SA is shaped not only by interpersonal conflict but also by commercial forces that influence availability, marketing and regulations. The emerging literature on the commercial determinants of violence highlights how corporate actors shape policy environments and resist regulation.[8] In SA, gun lobby opposition to firearm reform has mobilised around two demonstrably false claims to promote gun sales. Firstly, they have argued that gun ownership is a constitutional right, despite the Constitutional Court's explicit ruling to the contrary.[9] Secondly, the gun lobby has argued that guns are effective protection from crime, despite evidence showing that victims in possession of a firearm were more likely to be fatally shot in SA.[10] Recognising firearms within a commercial determinants framework situates firearm injury alongside other products whose availability and promotion influence population-level harm, and should be regulated in line with epidemiological evidence.

Gunshot wounds are among the most severe trauma presentations in the public health system. The burden extends beyond acute care. Firearm injury frequently results in long-term disability, psychological trauma, reduced educational outcomes for children exposed to gun violence, increased substance use, and individual- and community-level socioeconomic instability. Repeated exposure to severe violence also affects healthcare providers. Research shows cumulative psychological strain among first responders and clinicians working in high-violence settings, including secondary traumatic stress, substance use, emotional exhaustion and high rates of staff turnover.[11]

Firearm violence is increasingly conceptualised within a biopsychosocial disease framework that recognises the interaction of individual, social and environmental risk factors. This perspective directs attention to the structural conditions shaping both vulnerability to violence and recovery from injury, highlighting the importance of prevention and long-term survivor support beyond acute medical care.

Acute care alone is, then, insufficient. From a systems perspective, firearm violence demands an expanded continuum of care: from emergency response and surgery to rehabilitation, mental health services and community reintegration, advocacy for effective laws, and attention to the structural conditions shaping both vulnerability to violence and recovery from injury. Fortunately, evidence-informed intervention models in other regions demonstrate how health systems can move beyond reactive care toward integrated prevention. We turn to those next.

In the Caribbean, regional public health and security agencies have linked injury surveillance, governance co-ordination and firearm-policy engagement to translate clinical data into prevention policy.[12] In Brazil, emergency response systems and community mental health services illustrate integration of acute trauma care with broader prevention strategies.[13] Hospital-based violence intervention programmes (HVIPs), embedded in trauma centres in the USA and elsewhere, have demonstrated reductions in reinjury and retaliation through structured case management and sustained engagement with high-risk patients.[14] Trauma admission can become a point of prevention, linking clinical care with community-based support and attention to risk factors.

Given SA's history of community participation in health system design and delivery, local trauma centres are well positioned to pilot similar models. Potential measures could include:

- developing, testing and evaluating HVIP partnerships
- embedding HVIP models within trauma centres
- strengthening firearm injury surveillance, including making firearm injuries notifiable
- integrating firearm risk screening into domestic violence and mental-health services
- linking trauma care with community-based support and efforts to address root causes
- encouraging health professionals to engage in advocacy for regulatory reform.

Attention to firearm violence remains unevenly integrated across public health, gender-based violence, child protection and men's health frameworks. Instead, firearm injury continues to be treated primarily as a criminal legal issue, and not also as a sustained public health problem. SA has previously demonstrated that firearm mortality responds to regulatory intervention. Following implementation of the Firearms Control Act 60 of 2000 (FCA), firearm homicide and femicide declined substantially during the 2000s.[2] Subsequent increases in firearm mortality coincided with administrative dysfunction, weakened oversight, exploitation of loopholes in the Act and diversion of firearms to criminal networks. Despite this, current legislative reform to strengthen the FCA has not been finalised.

Despite its impact, many of SA's key violence prevention frameworks are largely blind to gun violence. Both the 2020 - 2030 National Strategic Plan on Gender-Based Violence and Femicide and the 2019 - 2024 National Plan of Action to End Violence Against Children mention firearms only in appendices, despite the increasing proportion of gun violence affecting women and children. The 2020 - 2025 National Integrated Men's Health Strategy does not mention firearms even once, which Matzopoulos *et al.*[15] describe as a 'wilful neglect of male violence as a public health priority'. SA's 2016 White Paper on Safety and Security (adopted in 2022) does identify firearm availability as a community-level risk factor, and should serve as an important reference point for renewing the latter two, now outdated, policies.

Doctors and nurses are trusted voices on health matters. For example, during the early and mid-2000s, clinicians and professional bodies played a central role in advocacy that secured national access to antiretroviral therapy. Firearm injury prevention presents a comparable moment. Medical professionals can advocate for strengthened injury surveillance, integrate firearm risk assessment into domestic violence and mental healthcare, develop hospital-based violence intervention programmes, and contribute evidence during legislative deliberations.

SA health professionals and researchers have played a significant role in documenting the relationship between firearm regulation and homicide reduction. They also play a key role in the Global Coalition for WHO (World Health Organization) Action on Firearm Violence, which has demonstrated WHO inattention to gun violence and is calling on the organisation to integrate firearm injury more explicitly into global health governance frameworks.[16] In 1996, SA co-sponsored a World Health Assembly (WHA) resolution on violence as a public health priority, and catalysed the WHO's early work on violence prevention and surveillance. Three decades later, firearm injury has become a defining mechanism of violence in SA. Given the country's historic leadership, SA health professionals are well positioned to encourage the government to support a WHA resolution that recognises firearm injury as a preventable contributor to mortality, disability and mental health burden.

SA's homicide burden remains among the highest globally. Firearms shape lethality and create severe health system strain. The evidence linking firearm regulation to reductions in lethal violence is established. Effective models exist for expanding the continuum of clinical care into prevention. Policy recognition has been articulated at the highest level of government. Reducing firearm-related mortality now depends on completing legislative reform, strengthening enforcement, integrating firearm risk reduction across health frameworks, and sustaining leadership from the medical profession.

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