

Development of a **Global Strategy & Action Plan** for Integrated Emergency, Critical & Operative Care

Member State Information Session
25 September 2024

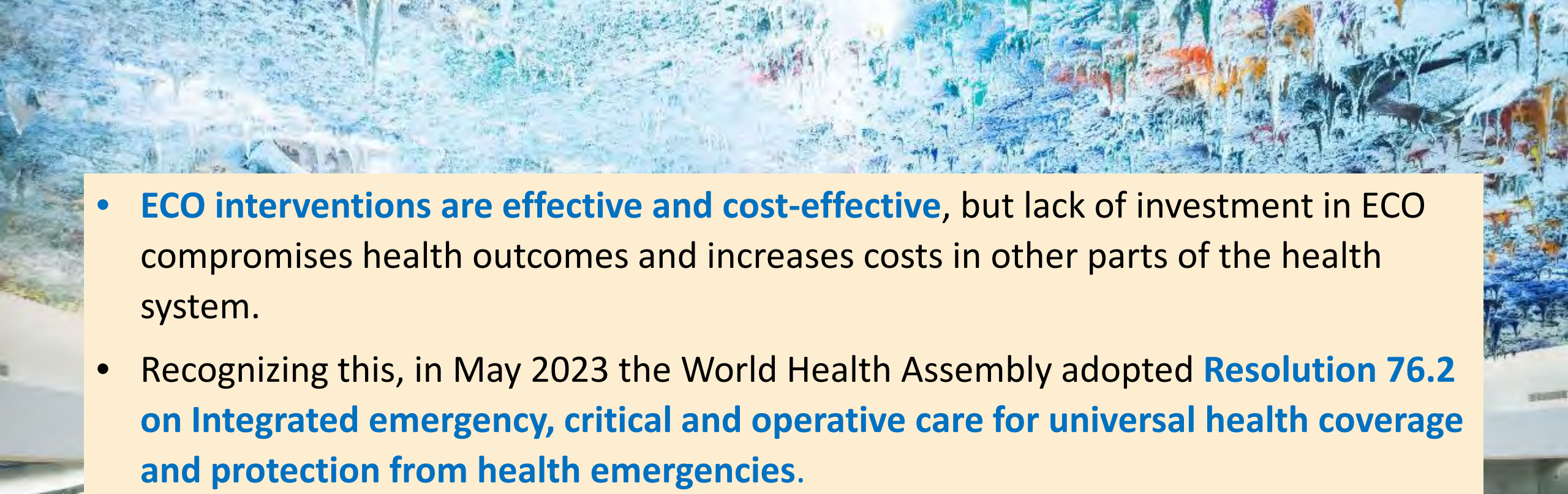
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Background



- **Emergency, critical and operative care (ECO) services** are essential to *address people's health needs across the life course*
- ECO addresses **a range of conditions**, including infections and injuries, complications associated with pregnancy and birth, and acute exacerbations of chronic diseases such as asthma, heart attacks and stroke.
- Robust ECO services are also at the foundation of national health systems' ability to *respond effectively to emergency events*, including hazards and acute public health events, like the COVID-19 pandemic.
- Timely access to quality ECO services could *prevent millions of deaths and long-term impairments*.

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- **ECO interventions are effective and cost-effective**, but lack of investment in ECO compromises health outcomes and increases costs in other parts of the health system.
 - Recognizing this, in May 2023 the World Health Assembly adopted **Resolution 76.2 on Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies**.





World Health
Organization

SEVENTY-SIXTH WORLD HEALTH ASSEMBLY
Agenda item 13.1

WHA76.2
30 May 2023

Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies¹

The Seventy-sixth World Health Assembly,

Having considered the consolidated report by the Director-General;²

Noting that emergency, critical and operative care services are an integral part of a comprehensive primary health care approach and are essential to ensure that the health needs of people are met across the life course without undue delay;

1. **CALLS FOR** timely additional efforts globally to strengthen the planning and provision of emergency, critical and operative care services as part of universal health coverage, so as to meet population health needs, improve health system resilience and ensure public health security;¹
2. **URGES** Member States, in accordance with national context and priorities:²

The Seventy-sixth World Health Assembly,

Noting that emergency, critical and operative care services are an integral part of a comprehensive primary health care approach and are essential to ensure that the health needs of people are met across the life course without undue delay;

Recognizing that robust emergency, critical and operative care services are at the foundation of national health systems' ability to respond effectively to emergency events including all hazards; and to ensure the implementation of the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events;

Concerned that the coronavirus disease (COVID-19) pandemic revealed pervasive gaps in capacity of emergency, critical and operative care services that resulted in significant avoidable mortality and morbidity globally;

Noting that integrated people-centred service delivery requires emergency, critical and operative care services that are linked to communities through primary care and by communication, transportation, referral and counter-referral mechanisms,³ and that these components are interdependent: capacity failures in responsiveness of the emergency, critical and operative care system may result in disrupted primary care delivery and poor outcomes, while failures in primary care and social services may lead to increased use of emergency, critical and operative care services and result in delays in the appropriate provision of life-saving care;

ECO is

- *an integral part of a comprehensive primary health care approach;*
- *essential to ensure that the health needs of people are met across the life course without undue delay;*
- *at the foundation of national health systems' ability to respond effectively to emergency events.*

Urges Member states, in accordance with national context & priorities:



(1) to create **national policies for sustainable funding, effective governance** (including coordination and regulation of public and private sector actors) and universal access to needs-based emergency, critical and operative care for all, without regard to sociocultural factors, without requirement for payment prior to life-saving emergency care, and within a broader health system that provides quality essential care and services and financial risk protection;

(2) to include emergency, critical and operative care services, with their associated rehabilitation services, across relevant health areas **within national packages of services** for universal health coverage, such as through use of the WHO UHC Service Package Delivery and Implementation tool to identify relevant and feasible services and required resources based on national context;

(3) as appropriate, to conduct WHO emergency, critical and operative care system assessments³ to identify gaps and context-relevant action priorities, and to design and implement integrated national and/or regional action plans for emergency, critical and operative care;

Urges Member states, in accordance with national context & priorities:

(4) to integrate delivery of emergency, critical and operative care within relevant national health system assessments and strategies, including universal health coverage road maps, primary health care strategies, models of care, health emergency preparedness and response plans and National Action Planning for Health Security⁴ as appropriate;

(5) to develop national, subnational and facility-level governance mechanisms for the coordination of routine prehospital and hospital-based emergency, critical and operative care services and patient transfer and referral services, including linkages with other relevant actors for disaster and outbreak preparedness and response;

(6) to promote more coherent, inclusive and accessible approaches to safeguard effective emergency, critical and operative care in disasters, fragile settings and conflict-affected areas, ensuring the continuum and provision of essential health services and public health functions, in line with international humanitarian law;



Urges Member states, in accordance with national context & priorities:



(7) to promote innovative ways for community engagement in the design and delivery of emergency, critical and operative care services, including community education on early recognition, care seeking, and first aid; training for community first aid responders, such as the WHO community first aid responders programme; and structured mechanisms for incorporating community perspectives in strategic planning and monitoring of implementation;

(8) to promote access to timely and reliable prehospital care for all, including by establishing, where they do not exist, toll-free universal access numbers that meet international standards;

(9) to implement, as appropriate, key processes and protocols as identified in WHO guidance on delivery of emergency, critical and operative care, such as triage, checklists and the use of registries and clinical audits, including through WHO's clinical registry platform, and to adapt and operationalize WHO standards on infrastructure, personnel and material resources for emergency, critical and operative care services;

(10) to establish, as appropriate, regulation and certification mechanisms for all personnel and equipment required to deliver emergency, critical and operative care services to ensure professional competency and high quality;

Urges Member states, in accordance with national context & priorities:

(11) to provide dedicated pre- and in-service skill-based training in emergency, critical and operative care for all relevant health workers and inter-professional teams, including post-graduate training for doctors and nurses, training first-contact providers in WHO Basic Emergency Care, training community first aid responders, and integrating dedicated training in emergency, critical and operative care into undergraduate nursing and medical curricula, and establishing certification pathways for prehospital providers, as appropriate to national context, taking advantage of the existing WHO training platforms, such as the WHO Academy, as a key resource;

(12) to implement mechanisms for standardized and disaggregated data collection to characterize and report the relevant disease burden and identify high-yield mechanisms for improving the coordination, safety and quality of delivery of emergency, critical and operative care and to demonstrate the contribution of such integrated care to national targets, sustainable development goals and programmatic goals;



Requests WHO Director General:



- (1) to enhance WHO's capacity at all levels, with emphasis on country offices, to provide necessary coordination, technical guidance and support for the efforts of Member States and other relevant actors to strengthen delivery of emergency, critical and operative care, including health emergency preparedness, readiness, response and recovery, across the spectrum of health services;
- (2) to promote strengthening of routine emergency, critical and operative care services for a more responsive and resilient health system, and ensure that strengthening of emergency, critical and operative care services is included in strategies for mitigating the impact of health emergencies;
- (3) to foster collaboration across relevant sectors, partnerships and action plans, and to facilitate collaboration among Member States, to support the effective dissemination and implementation of best practices and WHO resources for delivery of emergency, critical and operative care;
- (4) to create guidance for and support the development of integrated national and/or regional action plans for emergency, critical and operative care and to extend and strengthen community-based emergency, critical and operative care services;

(5) to renew relevant efforts outlined in resolutions WHA68.15 (2015) and WHA72.16 (2019) to provide guidance and support to Member States for review of regulations and legislation for quality- and safety-improvement programmes with continued support for WHO's clinical registry and audit platform, and for other aspects of strengthening the provision of emergency, critical and operative care services;

(6) to support Member States to expand policy-making, technological, administrative and clinical capacity in the area of emergency, critical and operative care, by the provision of policy options and technical guidance, supported by educational strategies and materials for health providers and planners;

(7) to develop guidance for the consideration of Member States on comprehensive monitoring of emergency, critical and operative care services, taking into account their timeliness, quality and extensive scope, to provide data and information to be used in the development of emergency, critical and operative care services, basic and continuous training and regulation of the emergency, critical and operative care workforce;

(8) to support Member States to identify high-priority emergency, critical and operative care services and to evaluate the planning and cost implications of integrating of these services into universal health coverage, such as through the WHO Service Package Delivery and Implementation tool;

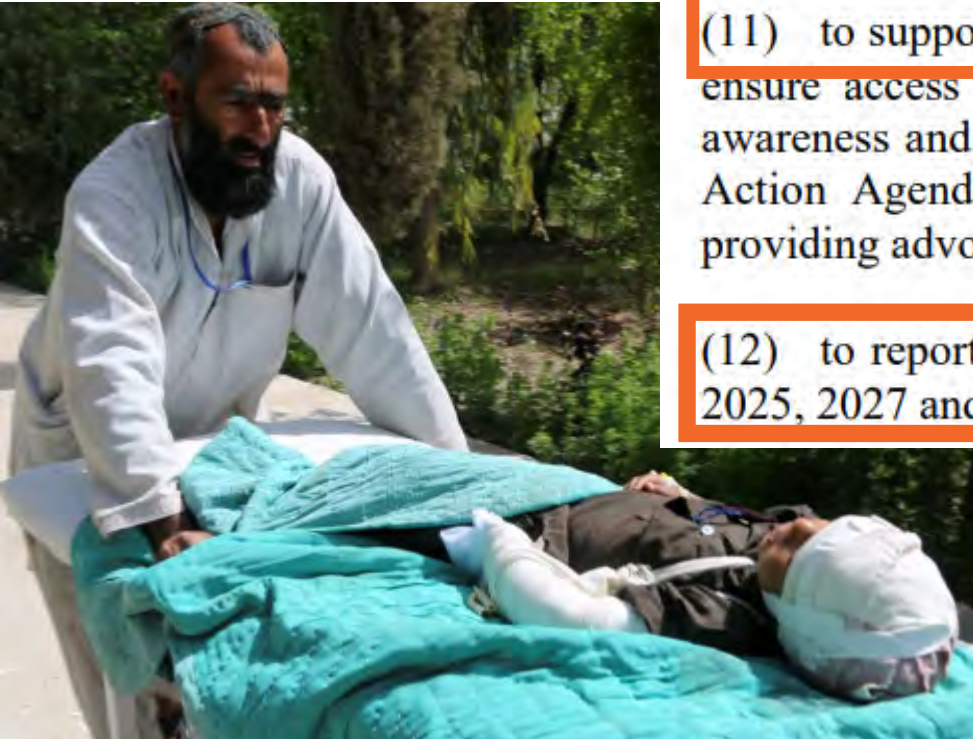


(9) to strengthen the evidence base for emergency, critical and operative care interventions by encouraging research and supporting Member States to execute research on emergency, critical and operative care delivery, including by providing tools, protocols, indicators and other needed standards to support the collection, analysis and reporting of data, including on cost-effectiveness;

(10) to support the integration of health facility planning, including for hospitals, with emergency, critical and operative care services, executed in line with communities' priorities and health needs, and with regard to supporting the central role of primary care, in accordance with the principles of a primary health care approach;

(11) to support Member States to identify innovative and sustainable financing mechanisms to ensure access to essential emergency, critical and operative care services, and to facilitate awareness and international and domestic resource mobilization, in line with the Addis Ababa Action Agenda of the Third International Conference on Financing for Development¹ by providing advocacy resources;

(12) to report on progress in the implementation of this resolution to the Health Assembly in 2025, 2027 and 2029.





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SEVENTY-SIXTH WORLD HEALTH ASSEMBLY
Agenda item 13.1

WHA76.2
30 May 2023

**Integrated emergency, critical and operative care
for universal health coverage and protection
from health emergencies¹**



World Health
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SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY
Agenda item 11.1

WHA77(8)
1 June 2024

**Development of a global strategy
and action plan for integrated emergency,
critical and operative care, 2026–2035**

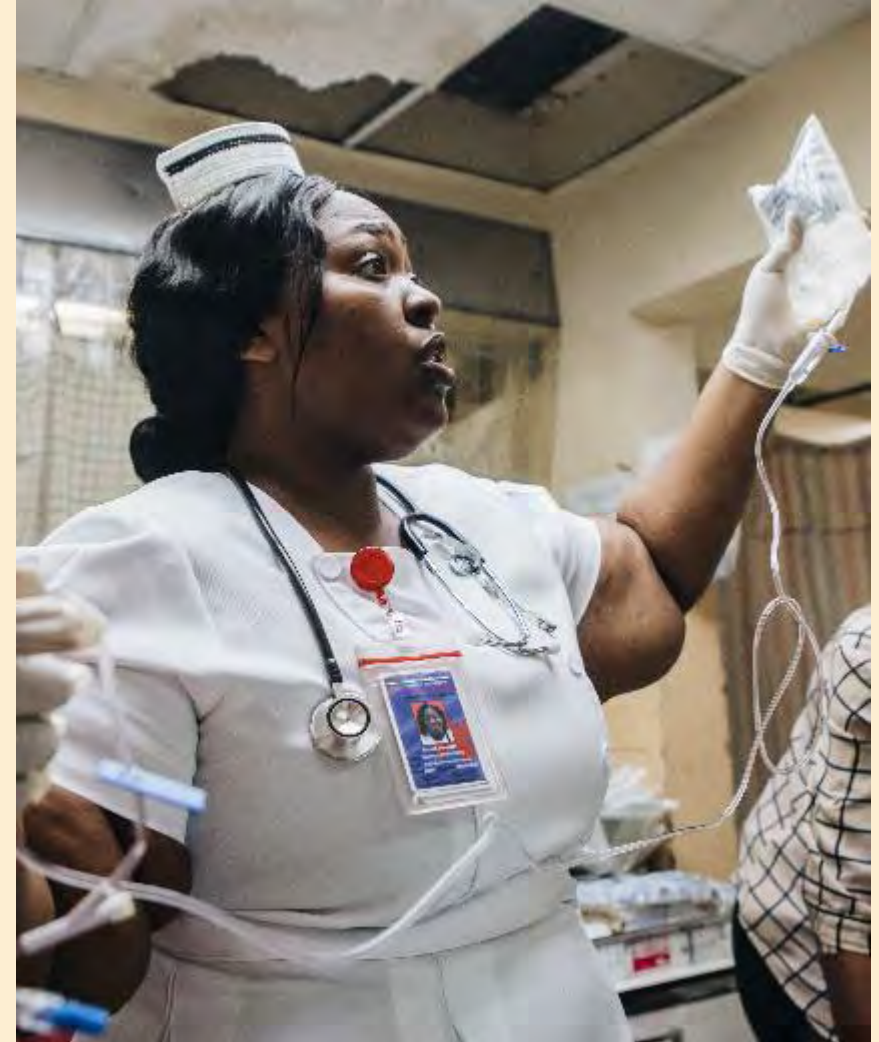


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WHA Decision 77(8) on development of a global strategy and action plan for integrated emergency, critical and operative care, 2026-2035

In June 2025, the WHA requested WHO:

1. “develop, in consultation with Member States, relevant United Nations specialized agencies – as well as civil society, academia and other stakeholders, in line with WHO’s Framework of Engagement with Non-State Actors – ***a global strategy for integrated emergency, critical and operative care to support the implementation of resolution WHA76.2 for the period 2026–2035***, for consideration by the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session;
2. translate the global strategy into ***an action plan with targets to be achieved by 2035.***”



General structure/content of a Global STRATEGY (GS)



1. **Context:** Burden of disease, major gaps in treatment and care, specific challenges, resolution(s) and actions
2. **Vision and goal**
3. **~6 Strategic Objectives:** With a brief rationale for each.
4. **Role of Member States, WHO Secretariat, and partners** (e.g. international partners, civil society, private sector).
5. **Action by Executive Board and World Health Assembly**

General structure/content a Global ACTION PLAN (GAP)

1. **Context:** Sets the scene, reviews resolution & Global Strategy
2. **Scope and aim**
3. **For each GS Strategic Objective (or Action Area):** Identifies ~10-15 actions by stakeholder (e.g. MS, WHO Secretariat, international partners, CSOs, private sector)
4. **Monitoring Framework:** To assess progress in GAP implementation, including indicators, targets and milestones



The Mandate to Develop an ECO GS and GAP

Global Strategies and Global Action Plans are inter-related documents.

- WHO can independently decide to draft many other kinds of global guidance document (e.g. guidelines).
- However, WHO requires a **formal mandate** (a decision or resolution) from the WHA to draft a Global Strategy or a Global Action Plan.
- Once a Global Strategy and/or a Global Action Plan has been drafted, the historical precedence is for it to be **formally submitted** to the WHA for consideration.

ECO Global Strategy Development Timeline



ECO Global Action Plan Development Timeline

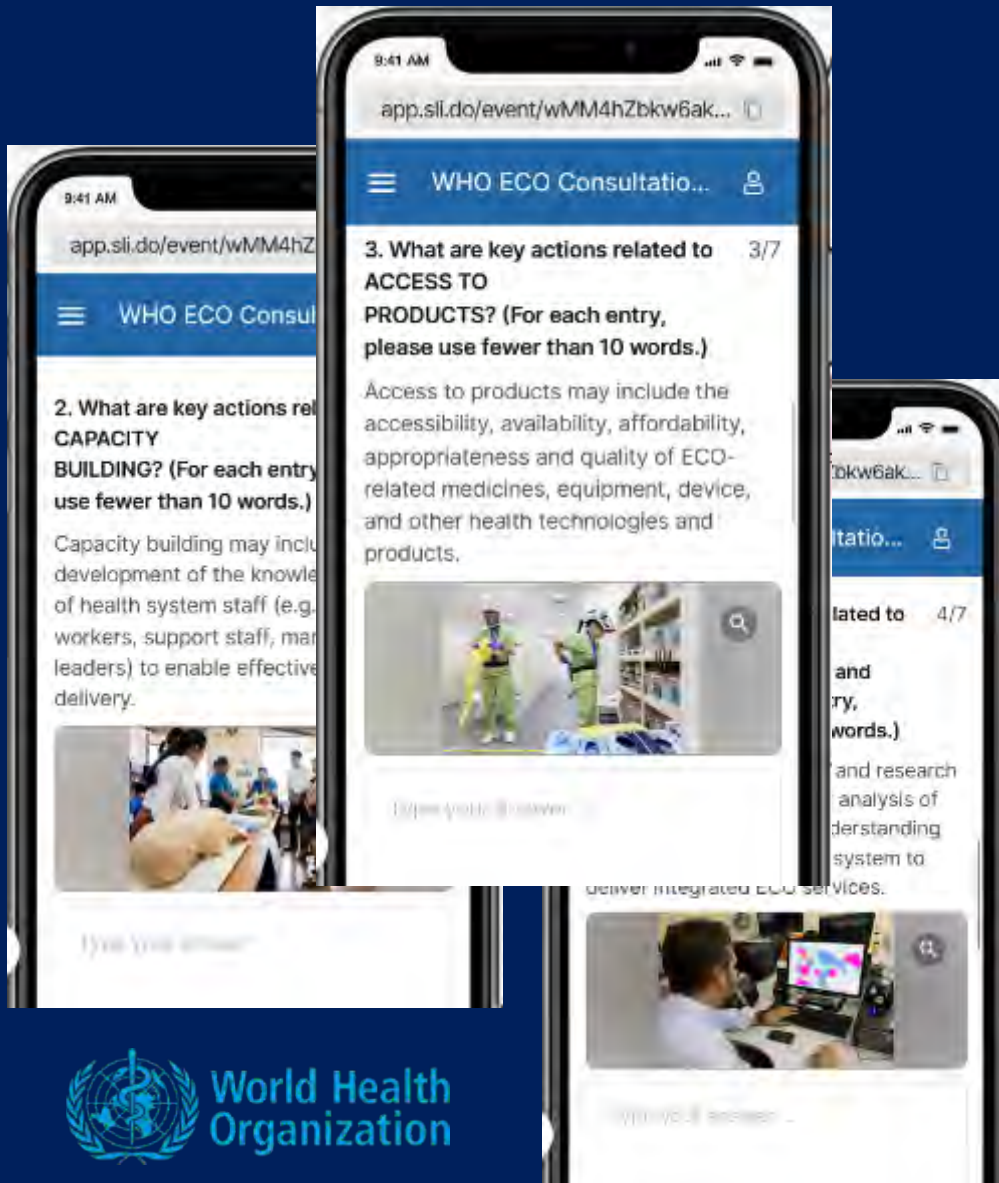
While WHA Decision 77(8) specified the timing for a Global Strategy submission, it did not specify when the ECO Global Action Plan should be finalized and submitted to WHA for adoption.

There are two options for when WHO could draft and submit the ECO GAP for WHA consideration:

1. in **May 2026**, for consideration by **WHA 79**, e.g. make the draft GAP an Annex to the draft GS (Option 1); or
2. in **May 2027**, for consideration by **WHA 80**, e.g. within the ECO GS, specify that WHO must draft and submit an ECO GAP by WHA 80 (Option 2).

With either option, the consultations and research will inform development of both the GS and the GAP.

Expert consultations to inform the ECO GS & GAP: June 2024 – Jan 2025



- Relevant professional societies and expert partners
- Global/regional events with a focus on low- and middle-income countries
- In-person, hybrid and virtual
- Participants are asked about key actions by different stakeholders to implement the ECO resolution
- Real-time polling using SLIDO, so they see each others' anonymous responses
- Audience participation has ranged from ~40-300 people

No.	Expert Organizations	Date
1	European Society of Trauma and Emergency Surgery	29 Apr
2	Global Alliance for Care of the Injured	12 June
3	WHO CSY Partners convening	18 July
4	African Forum for Research and Education in Health	7 Aug
5	International Society of Surgery (International Surgical Week)	27 Aug
6	Global Emergency Care Conference	10 Sept
7	World Coalition for Trauma Care	11 Sep
8	South African Society of Anaesthesiologists & World Federation of Societies of Anaesthesiologists	17 Sept
9	Consortium of Universities for Global Health (Global Health Week)	1 Oct
10	Acute Care Action Network	17-18 Oct
11	Global Emergency Medical Teams	5-7 Nov
12	College of Surgeons of East, Central and Southern Africa	2-6 Dec
13	World Federation of Intensive and Critical Care	12 Dec
14	Operation Smile and others	mid-Jan 2025
15	Geneva Health Forum and others	mid-Jan 2025

Research to Inform the ECO GS & GAP: June 2024 – Jan 2025

1. Assess the current state of ECO:

- **at national level** through key informant interviews (KIIs), conducted with national stakeholders engaged in ECO system planning; and
- **at hospital level** through a survey in many countries using an instrument adapted from the WHO Emergency, Critical and Operative Care Facility Assessment Tool (ECO HEAT).



2. **Evaluate progress against ECO priorities** through a survey of WHO Country Office staff - and KIIs with government technical staff - for countries that have previously participated in a WHO Emergency Care System Assessment (ECSA).

3. **Identify indicators for monitoring and assessing ECO care** services at national and global level through a systematic review.

Regional consultations to inform the ECO GS & GAP: Feb – June 2025

Member-State-oriented: Regional comments and inputs “may be understood to include those provided by Member States in the context of technical meetings, informal consultations and other intergovernmental meetings in the regions” (WHA73(15), 2020).

Consultations can be virtual

Region-led: Regions decide and organize their own consultations

Some regions may have joint consultations

Some regions already have consulted MS to develop regional ECO strategies

WHO HQ will support regional consultations as requested

Member State consultations to inform the ECO GS & GAP

- In July 2025, Member States and Non-State Actors in Formal Relations with WHO will review and provide input on the *draft ECO Global Strategy*.
- In July 2025 (Option 1) or July 2026 (Option 2), they will review and provide input on the *draft ECO Global Action Plan*.



All Member States are encouraged to:

- **provide feedback** on the ECO GS & GAP Information Session, e.g. what is the preferred timeline for submission of ECO GAP to WHA?
- **participate in the regional and MS consultations**

Thank you!

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