

Member States Information Session

12 October 2026, 1130–1230

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



World Health
Organization

Session agenda

1. **Opening** by Dr Kalipso Chalkidou, Director, Performance, Financing & Delivery
2. **Overview of development of the Global Action Plan** by Dr Teri Reynolds, Lead, Integrated Services and Models of Care
3. **Member States Q&A** (moderated by Dr Teri Reynolds)

Opening remarks

**Kalipso Chalkidou, Director
Performance, Financing and Delivery Department**



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
Organization

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



World Health
Organization

Agenda item 12.4

23 May 2026

WHA79(17)

Global strategy for integrated emergency, critical and operative care, 2026–2035



Seventy-ninth World Health Assembly

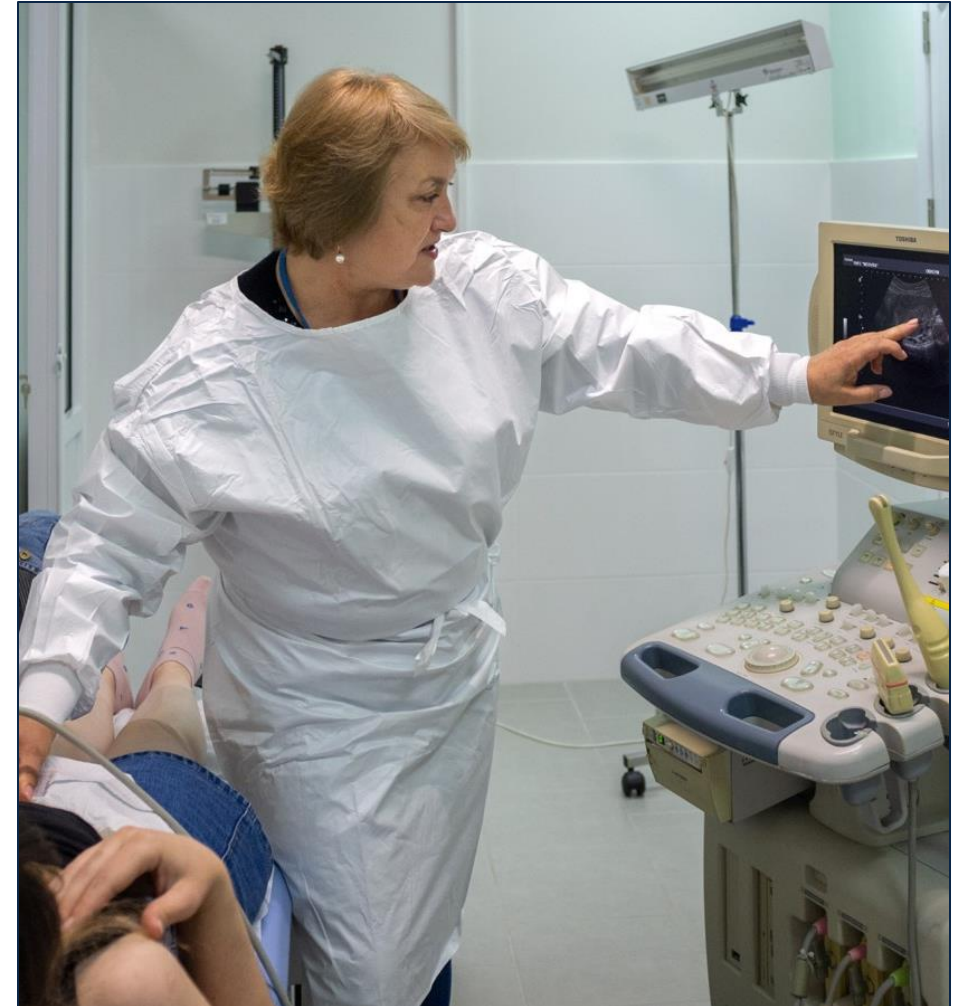


World Health Assembly Decision 77(8)

In June 2024, the WHA requested WHO to:

“develop, in consultation with Member States, relevant UN specialized agencies as well as civil society, academia and other stakeholders... 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 WHA, through the Executive Board at its 158th session”; and

“translate the global strategy into an action plan with targets to be achieved by 2035.”



Follow-up to Decision & Global Strategy adopted by the World Health Assembly

The 4-stage development pipeline from global mandate to country progress monitoring

WHA Resolution or Decision

Strategic Mandate

01

Provides the formal governance mandate and political commitment required to initiate the development of a Global Strategy.

Global Strategy (GS)

~6 Strategic Objectives

02

Establishes approximately 6 broad Strategic Objectives (SOs) that define high-level priorities and direction for a specified timeframe.

Global Action Plan (GAP)

~100 Actions & Metrics

03

Identifies ~100 concrete operational actions to achieve the GS SOs, supported by a Monitoring Framework (MF) with indicators and targets.

Global Status Report (GSR)

Evidence & Monitoring

04

Compiles and synthesizes the latest evidence to evaluate progress, measure outcome targets, and inform global health decision-making.



ECO Evidence: 2024 – 2025

Informing development of the Global Strategy and Global Action Plan for Integrated Emergency, Critical & Operative Care, 2026-2035



ECO system assessments in over 60 countries



Interviews with key informants in 17 additional countries



Literature reviews

ECO Consultations for GS&AP 2024 – 2025

Stakeholder input driving the formulation of the Global Strategy and Global Action Plan for Integrated Emergency, Critical & Operative Care, 2026-2035

8,190



15 Professional society and UN consultations

803 technical and UN experts responded to an interactive poll

803 Participants
Responses / Person



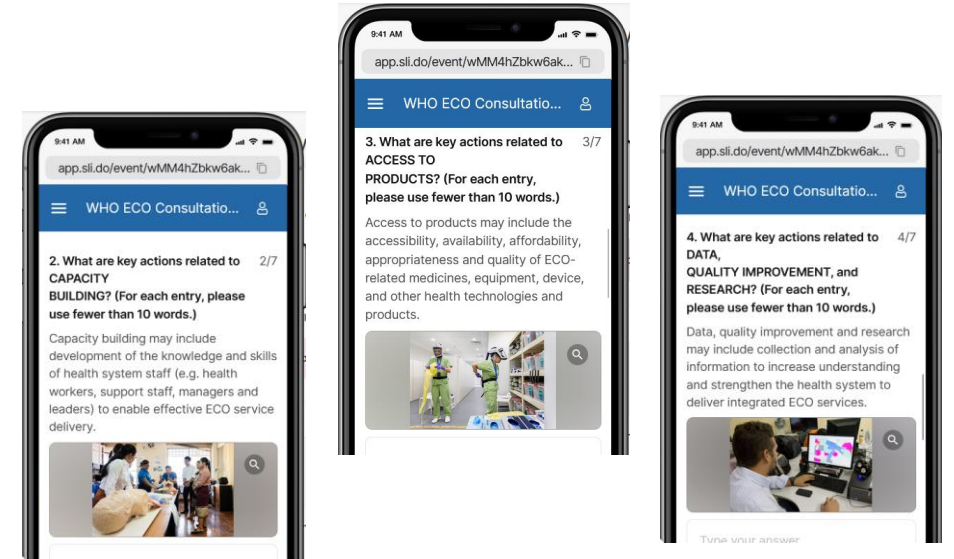
6 Regional consultations

All 6 WHO Regional Offices completed comprehensive consultations to align regional health priorities



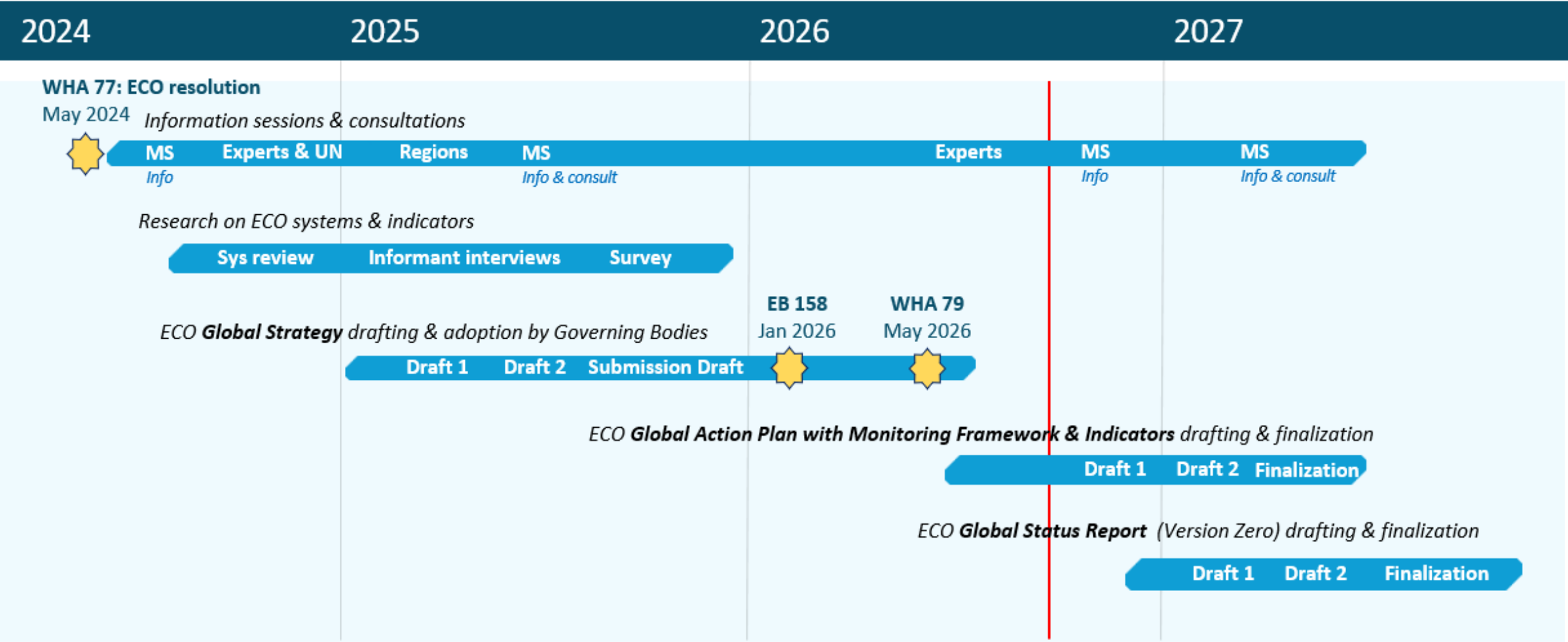
Member State consultation

Active participation from Member States via online platforms, web portals, and formal governing body briefings



ECO Development Timeline: 2024–2027

Sequence of development for Global Strategy, Action Plan & Status Report for Integrated Emergency, Critical & Operative Care



Progress on the ECO agenda to date

WHO Secretariat-led activities



Acute Care Action Network

01

ACAN brings together 100 organizations to help countries deliver on the ECO Resolution (WHA 76.2). ACAN bi-annually to coordinate support for low- and middle-income countries in using WHO tools to improve care for life-threatening conditions.



Acute Care Action through Basic Emergency Care

02

From 2026-2028, the ACTxBEC Initiative will implement and evaluate the WHO BEC Education Bundle in 777 facilities in Ethiopia, Rwanda, Tanzania and Uganda.



Clinical Registry

03

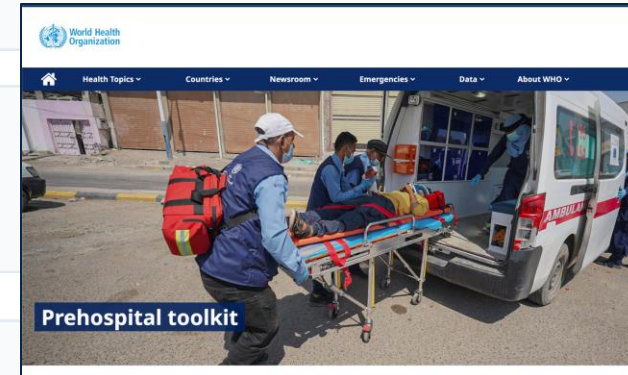
WHO's clinical registry is a powerful tool for system planning and clinical quality improvement. We have continued to recruit hospitals in countries across all regions to use the trauma and emergency care modules and will soon release the operative encounter module for surgical patients.



Pre-hospital Toolkit

04

As a key component of integrated health systems, WHO launched the prehospital toolkit to support linking communities to health facilities.



PHC-oriented Models of Care

05

WHO will soon publish operational guidance on PHC-oriented models of care that addresses inclusion of ECO within service PACKAGES; ensuring core ECO services at first-level hospitals (PLATFORMS); and optimizing first-contact emergency care to ensure care continuity and reduce costs (PATHWAYS).

Progress on the ECO agenda to date

Country implementation of WHO resources



Emergency Care System Assessment (ECSA)

06

Since 2023, additional countries across 4 regions have prioritized strengthening ECO care through WHO's ECSA tool.



Community First Aid Response

07

To link the communities to care - and support patient-centred first-contact care – countries in 5 regions have implemented WHO's CFAR programme.



Basic Emergency Care (BEC)

08

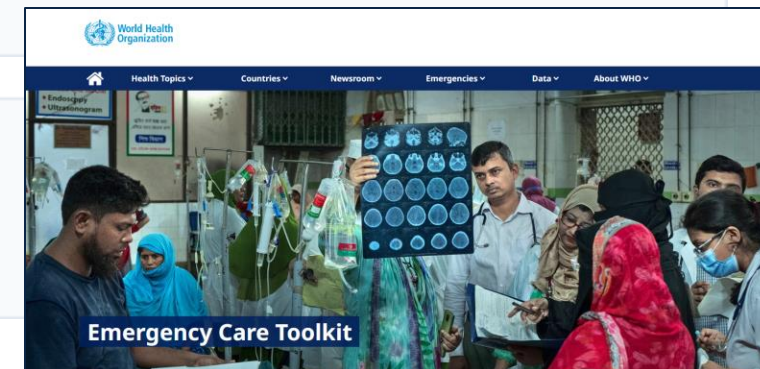
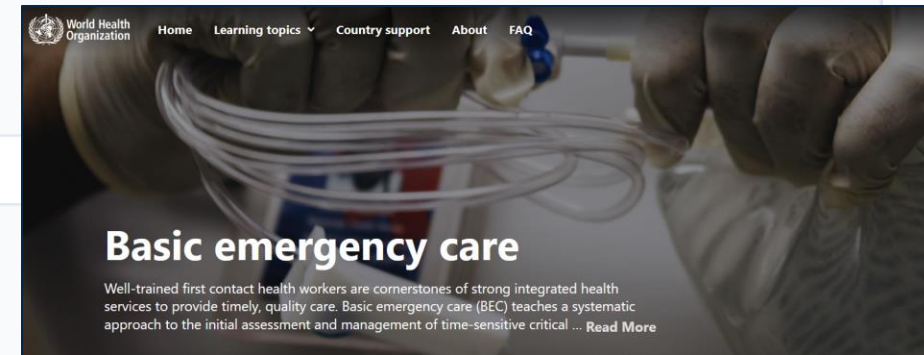
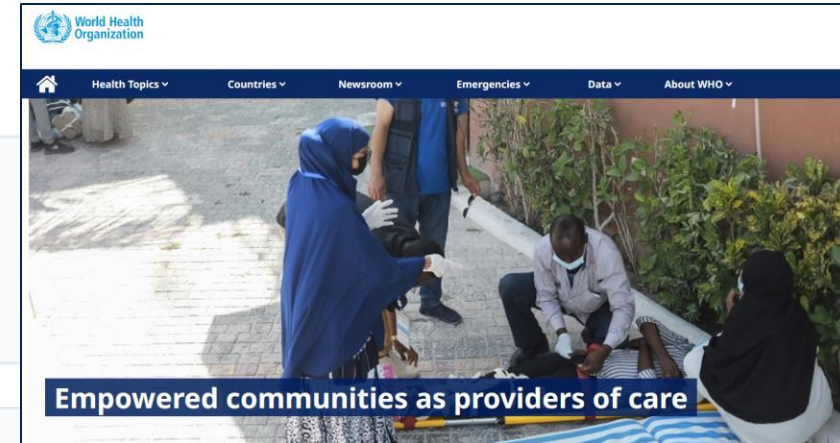
The BEC course is delivered in >100 countries, including embedding in medical and nursing school pre-service training. It is the most accessed course on the WHO Academy platform, accounting for ~10% of participants.



Emergency Care Toolkit

09

Simple, low-cost process tools to improve quality of care and save lives. Uptake of these tools – including for triage and clinical checklists to guide resuscitation of the critically ill or injured – has expanded in all regions.



Process to develop the ECO Global Action Plan

Key steps to inform formulation of the Global Action Plan for Integrated Emergency, Critical & Operative Care, with Monitoring Framework



01 Identification of action categories

Operationalizing overarching Strategic Objectives into concrete policy, model of care, workforce, service delivery, data, and emergency response categories

02 Developing monitoring framework with indicators

Establishing the results-chain, core impact metrics, and targets to evaluate implementation progress globally.

03 Draft review and consultation

Formal Member State feedback via document review (and further information session if MS wish)

ECO Global Action Plan: Operationalizing the ECO GS

Translation of the Global Strategy for Integrated Emergency, Critical & Operative Care, 2026-2035, into a Global Action Plan for regional & national execution



Derived Action Categories

Directly aligned to ECO GS to organize workstreams into actionable priority domains



Clarification of Actors

Provides clear strategic direction and overarching guidance to support integrated ECO action by MS, WHO and partners



National & Multi-Country Scope

Oriented toward integrated ECO activities that can be operationalized across a country or region



From Strategy to Actions

Action categories derived from the Global Strategy for Integrated Emergency, Critical & Operative Care, 2026-2035 – based on evidence & extensive consultations

ECO Global Strategy Objectives

Six Strategic Objectives identified in the Global Strategy for Integrated Emergency, Critical & Operative Care, 2026-2035



1. ECO governance & financing



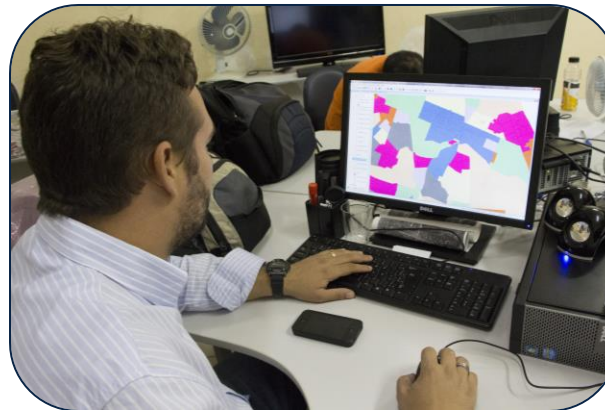
2. ECO within models of care



**3. ECO workforce planning
& capacity building**



4. ECO service delivery & quality



**5. ECO data for decision making
& quality improvement**



**6. ECO in public health emergencies
& humanitarian crises**

SO1: ECO Governance & Financing

10 Draft Action Categories for Integrated Emergency, Critical & Operative Care (ECO)



01 Policy & Strategy Integration
Integrate ECO into national and subnational health policies & strategies.

02 Resource Allocation
Allocate sufficient resources to ensure ECO services meet minimum standards.

03 Public-Private Coordination
Coordinate ECO delivery across public & private sectors.

04 Legislation & Protections
Design and implement core legislation (e.g., emergency care without prior payment; bystander protection laws).

05 Assessment & System Reform
Integrate ECO into national & subnational assessment, planning & reform.

06 Prevention & Risk Linkage
Link ECO delivery & related prevention & risk-reduction efforts across sectors.

07 Health Financing Strategies
Incorporate ECO into health financing strategies & protect via government assurance.

08 Regulatory Oversight
Establish regulatory mechanisms for institutions, providers & personnel delivering ECO.

09 Community & Civil Engagement
Engage with communities, civil society & private sector to mobilize ECO resources.

10 Lead Agency Empowerment
Designate & empower a lead agency with authority & resources to coordinate ECO.

SO2: ECO within Models of Care

10 Draft Action Categories for Integrated Emergency, Critical & Operative Care (ECO)



01

Integration of ECO within UHC

Strengthen ECO in UHC service packages, delivery platforms, and care pathways.

02

Delivery Platform Mapping

Map ECO services to well-defined healthcare delivery platforms and settings.

03

Digital & Governance Support

Develop regulatory structures and optimize digital technologies to support ECO processes.

04

First-Contact Optimization

Optimize key first-contact functions to ensure appropriate entry into the health system and timely, effective care.

05

Primary Care Integration

Design and support primary care's foundational role within the integrated ECO system.

06

Facility Standard Criteria

Specify minimal functional criteria for emergency units, ICUs, and operating theatres.

07

Workforce & Team Optimization

Optimize management structures and clinical teams to deliver high-quality ECO care.

08

Continuous Quality Improvement

Foster an enabling environment and operational culture for continuous quality improvement.

09

Community Empowerment

Engage and empower local communities in the planning, governance, and provision of ECO.

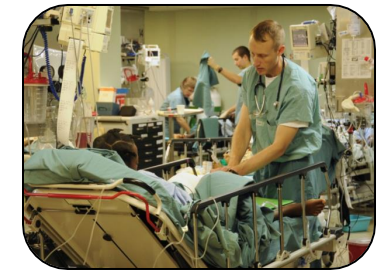
10

Public Education & First Aid

Provide systematic education on early symptom recognition, care seeking, self-care and first aid.

SO3: ECO Workforce Planning & Capacity Building

11 Draft Action Categories for Integrated Emergency, Critical & Operative Care (ECO)



01

Workforce Policy & Planning

Optimize healthcare worker roles, distribution, and numbers across health systems.

02

24/7 Facility Staffing

Align EU, ICU, and OT staffing with patient volume, acuity, complexity, and 24-hour coverage needs.

03

Training & Support Policy

Embed explicit policy standards for worker training, supervision, and technical support.

04

Workforce Voice in Planning

Routinely incorporate healthcare worker perspectives directly into ECO service planning.

05

Skill-Based Training Systems

Establish dedicated pre-service and in-service skills-based training across healthcare worker groups.

06

Community First Aid Responders

Strengthen community ECO capacity by training the public and community first aid responders.

07

Foundational Acute Care Training

Ensure all healthcare workers complete essential foundational acute care training.

08

Regulated Certification Pathways

Establish regulated training and certification pathways for prehospital and facility staff.

09

Supportive Supervision

Implement structured systems for routine, supportive supervision across all cadres of healthcare worker.

10

Occupational Safety & Wellbeing

Implement measures to protect healthcare workers from injuries, violence, and hazardous exposures, and prioritize structured psychosocial support.

11

WHO Technical Guidance

Support the development and updating of WHO technical guidance and curricula for capacity building.

SO4: ECO Service Delivery & Quality

6 Draft Action Categories for Integrated Emergency, Critical & Operative Care (ECO)



01

Evidence-Informed Service Planning

Prioritize evidence-informed planning through national guidelines and context-specific clinical protocols and pathways.

02

Standardized Care & Decision Tools

Support standardized ECO delivery using integrated care plans, decision support tools, structured handovers, and checklists.

03

Quality Monitoring & Registries

Monitor and drive ECO quality improvements using systematic case-based registries and clinical audits.

04

Team-Based Culture of Quality Improvement

Create and reinforce an interprofessional team culture focused on safe clinical practices and continuous quality improvement.

05

Essential Infrastructure & Supplies

Develop standards to ensure uninterrupted availability of essential ECO infrastructure, products, and medications.

06

Contextualized Guidance for LMICs

Design and update technical guidance and clinical tools for timely, high-quality ECO care in resource-constrained settings.

SO5: ECO Data for Decision-Making & Quality Improvement

8 Draft Action Categories for Integrated Emergency, Critical & Operative Care (ECO)



System-Wide Data Standardization

- 01** Address data collection, standardization, and analysis across system, facility, and case levels.

Geospatial & Temporal Trend Mapping

- 02** Routinely assess temporal and geospatial trends of conditions that can be addressed by ECO, system delivery capacity, and access barriers.

Performance Audits at All Levels

- 03** Routinely assess the structure, capacity, and functioning of the national ECO-system, subnational care pathways, and facility-level delivery.

Interoperable Health Information Systems

- 04** Strengthen routine health information systems with standardized clinical documentation of ECO delivery at all levels.

Clinical Registries & Outcomes

- 05** Leverage clinical registries to monitor treatment outcomes, drive quality improvement, and inform multi-level planning.

Context-Specific Health Research

- 06** Conduct targeted clinical and public health research to guide context-relevant operational planning.

Strategic Research Prioritization

- 07** Define and align explicit ECO research priorities across national, regional, and global health levels.

Metrics, Targets & WHO Registry Platform

- 08** Establish outcome indicators and targets, conduct cost-effectiveness analyses, and expand modules on WHO clinical registry platforms.

SO6: ECO in Emergencies & Humanitarian Crises

9 of 17 Draft Action Categories for Integrated Emergency, Critical & Operative Care (ECO)



Service Optimization during Crisis & Conflict

- 01** Optimize and safeguard ECO service delivery in settings affected by natural disasters, disease outbreaks, and armed conflicts.

Preparedness & Surge Capacity

- 02** Conduct risk assessments to design context-relevant ECO surge capacity and emergency response plans.

Priority Services Identification

- 03** Define high-priority hazard services and core ECO functions during acute humanitarian crises.

Community Surveillance & Early Warning

- 04** Strengthen early recognition and disease surveillance across community health networks and primary care facilities.

All-Hazard Response Integration

- 05** Embed ECO capabilities into national emergency planning, coordination mechanisms, and simulation drills.

Flexible Emergency Financing

- 06** Ensure contingency funding mechanisms are adaptable and accessible for rapid deployment during demand surges.

Decentralized Risk Management

- 07** Integrate ECO delivery into multi-tier risk management strategies across regional, district, and community levels.

Defined Roles for Rapid Scaling

- 08** Establish clear operational roles and protocols for ECO teams to enable immediate scaling during public health emergencies.

Defined Roles for Rapid Scaling

- 09** Establish clear operational roles and protocols for ECO teams to enable immediate scaling during public health emergencies.

SO6: ECO in Emergencies & Humanitarian Crises

8 of 17 Draft Action Categories for Integrated Emergency, Critical & Operative Care (ECO)



Adaptive, Inter-Agency Coordination

- 10** Implement flexible operational models and inter-agency mechanisms to coordinate emergency health responses.

Facility Contingency Plans

- 14** Establish emergency facility protocols and safety measures to maintain standard care during extreme patient surges.

Alternative Delivery Platforms

- 11** Designate field hospitals and alternative delivery platforms to maintain continuous ECO service provision.

Needs-Based Strategic Procurement

- 15** Ensure strategic procurement of essential medical products, supporting local suppliers and national drug systems.

Health Workforce Crisis Engagement

- 12** Involve prehospital, clinical, and community health workers directly in crisis detection, planning, and response.

Temperature-Sensitive Cold Chains

- 16** Develop adaptive cold-chain logistics and transport solutions to protect temperature-sensitive pharmaceuticals in transit.

Workforce Protection & Retention

- 13** Prioritize physical safety, specialized crisis training, and retention incentives for health workers in insecure zones.

Accelerated Regulatory Pathways

- 17** Establish rapid evaluation and emergency approval mechanisms for novel therapeutics and critical supplies.

ECO GAP Monitoring Framework

The Monitoring Framework of the Global Action Plan for Integrated Emergency, Critical & Operative Care will track global ECO progress, operational processes and health outcomes

Impact Measurement & Progress Tracking

Designed to measure, monitor & evaluate the progress and impact of actions identified in the GAP

Results-Chain

Outlines expected inputs, processes, outputs, outcomes, & impacts

Core & Extended Indicators & Targets

Defines ~12 core indicators & ~20 extended indicators & related targets.



Mapped to ECO GS Strategic Objectives



Defined Technical Specifications



1. Review of global monitoring frameworks & survey instruments



41 documents with 637 indicators

reviewed

22 documents & 286 indicators

initially included



1. WHO GAPs and GSRs:

- Access to Medicines and Vaccines
- Every Newborn
- Health Strategy (GPW 14)
- Neurology
- Patient Safety
- Pneumonia and Diarrhoea
- Primary Health Care
- Road Safety
- Sepsis (PAHO)

2. WHO Global Surveys:

- Assessing Health Systems for UHC Survey
- Emergency, Critical & Operative Care System Assessment

3. Other Global Frameworks/Indicators:

- UN SDGs
- UN Decade of Healthy Ageing
- UN Emergency Obstetric and Newborn Care (EmONC)
- OECD Health at a Glance
- World Bank Road Safety
- Lancet Commission on Global Surgery

2. Systematic review of scholarly literature

554 full-text articles reviewed -> **91** articles included

1,325 indicators in 91 articles reviewed

40 indicators extracted

(a) most feasible, valid and useful; or
(b) indicative of integration

Limitations of "indicators" from scholarly literature:

secondary or tertiary citations (original sources not checked)

non-specific (e.g., cite sources as “national authorities”,
“online databases”, or “medical records”)

focused on micro-level clinical processes



3. Technical screening of indicators

326 shortlisted indicators screened
-> **119** indicators for consideration

All 326 shortlisted indicators (from articles and global MFs) were:

Categorized by ECO GS Strategic Objective, subject, and condition

Included if indicate health system capacity for integrated ECO, global relevance, and existing source of data / feasible to collect

Excluded if did not meet those criteria (n=80); removed if useful but not for ECO GAP MFI (n=39); or consolidated if they were the same or similar to others (n=88)



Indicator screening and review criteria

System Capacity

Directly indicative of health system capacity for integrated ECO service delivery.

Global Relevance

Applicable, relevant, and comparable across diverse national and regional contexts.

Existing Data Sources

Leverages verified existing data systems or routine national health surveillance.

Collection Feasibility

Demonstrates high operational feasibility, particularly if proposing new data tools.

Stakeholder Acceptability

Broadly acceptable to users engaged in planning and implementation.

Equity

Captures needs of vulnerable communities.

Dual Impact for UHC & Health Security

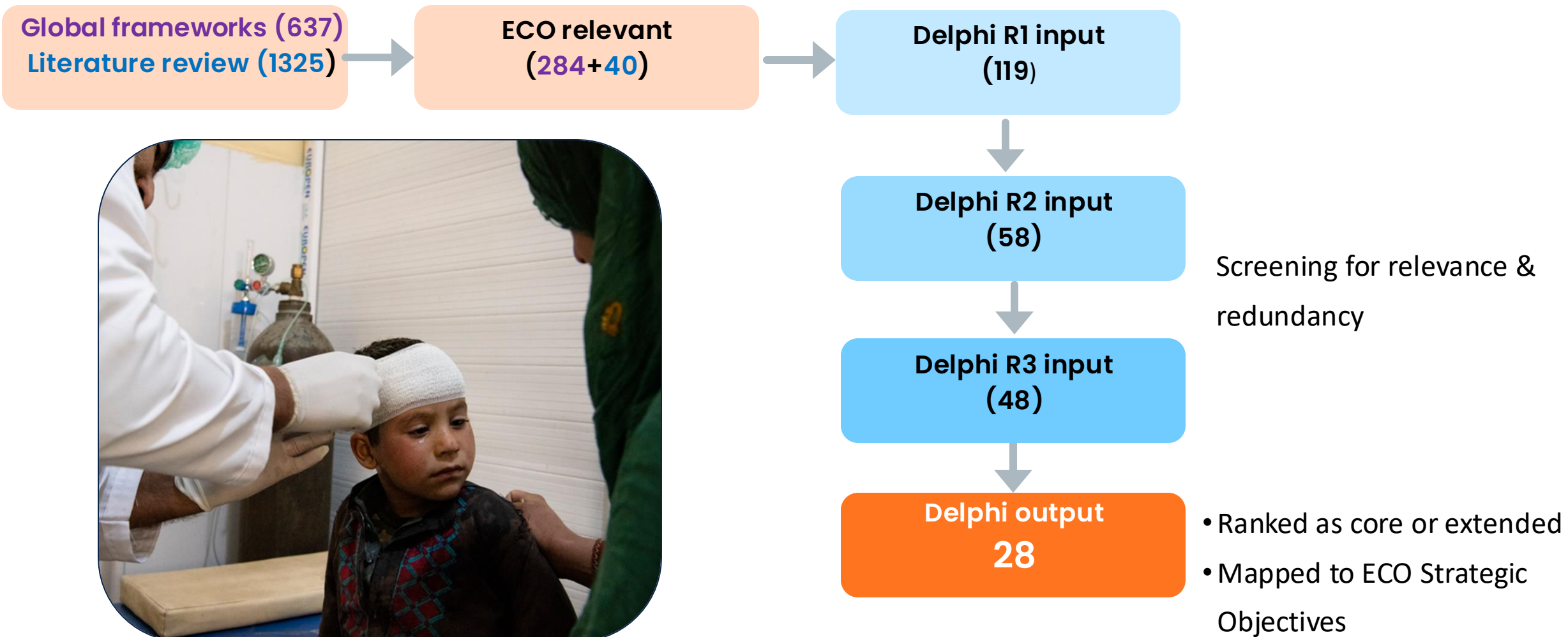
Drives continuous progress toward UHC while simultaneously strengthening emergency preparedness and health security.

ADDITIONAL CRITERION

When major criteria are equal, prioritize candidate indicators that actively support micro-level, facility-based QI.

4. Indicator alignment, prioritization & consensus building

Expert review considered the following criteria: indicates system capacity for integrated ECO, global relevance, has an existing data source and is feasible to collect, acceptable to stakeholders, linked to equity, and dual impact for UHC & health security



Member State engagement with the draft ECO GAPMF



Draft circulated for final MS review –
Q1 2027, pending MS feedback on whether further
consultation is needed



Opportunity for further Information Session in Q1 2027.
Do MS wish for this and/or document review?



Update on progress within the DG report at WHA80



Thank you!



