

# **Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies<sup>1</sup>**

## **Draft decision proposed by Brazil, Ethiopia, European Union and its 27 Member States, Kenya, Paraguay**

The Executive Board, having considered the report on re-orienting health systems to primary health care as a resilient foundation for universal health coverage,<sup>2</sup>

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

(PP1) 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;

(PP2) 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;

(PP3) Concerned that the COVID-19 pandemic revealed pervasive gaps in capacity of emergency, critical and operative care services that resulted in significant avoidable mortality and morbidity globally;

(PP4) 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,<sup>3</sup> and that these components are interdependent: capacity failures in responsiveness of the emergency, critical and

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<sup>1</sup> Global public health security is defined as the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries ([https://www.who.int/health-topics/health-security/#tab=tab\\_1](https://www.who.int/health-topics/health-security/#tab=tab_1), accessed 12 December 2022).

<sup>2</sup> Document EB152/5.

<sup>3</sup> The term ECO-system is used here to refer to emergency, critical and operative care services and the mechanisms that ensure they are accessible to the people who need them. Bull World Health Organ 2020;98:728–728A | doi: <http://dx.doi.org/10.2471/BLT.20.280016>. Accessed 12 December 2022.

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;

(PP5) Emphasizing that emergency, critical and operative care represents a continuum of services from the community to health centres to primary care clinics to hospitals, and that integrated planning and implementation of these services can lead to greater efficiency, effectiveness and deliver economies of scope and scale across disease and population-specific programmes;

(PP6) Acknowledging Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing that well-organized, safe and high-quality emergency, critical and operative care is a key mechanism for achieving a range of associated targets – including those on universal health coverage (3.8), road safety (3.6), maternal and child health (3.1, 3.2), universal access to sexual and reproductive health-care services (3.7), noncommunicable diseases, mental health, and infectious disease (3.4, 3.5 and 3.3);

(PP7) Acknowledging further Sustainable Development Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable) and Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels), and noting that a strong and well-resourced system for emergency, critical and operative care embedded within the broader health system is vital to maintaining the continuity of essential health services in fragile and conflict-affected settings, and to mitigating the impact of disasters, outbreaks and mass casualty incidents, including those resulting from climate change;

(PP8) Recalling the following resolutions in which the Health Assembly prioritized integrated service-delivery models and identified emergency, critical and operative care services as fundamental: WHA56.24 (2003) on implementing the recommendations of the World report on violence and health, WHA57.10 (2004) on road safety and health (echoed by United Nations General Assembly resolution 72/271 (2018) on improving global road safety), WHA60.22 (2007) on health systems: emergency-care systems, WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and resilience of health systems, WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, WHA69.1 (2016) on strengthening essential public health functions in support of the achievement of universal health coverage, WHA72.16 (2019) on emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured, and WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies;

(PP9) Recognizing that emergency, critical and operative care services are necessary to execute the core capacities under the International Health Regulations (2005) and to promote the enjoyment of human rights;<sup>1</sup>

(PP10) Recalling also the mandate of WHO's Thirteenth General Programme of Work, 2019–2023 to improve integrated service delivery, protect people from health emergencies and to serve in particular the most disadvantaged, marginalized and hard-to-reach populations, to ensure that no one is left behind;<sup>2</sup>

(PP11) Noting that providing non-discriminatory and equitable access for all people to timely, safe and high-quality emergency, critical and operative care services can contribute to the reduction of disparities in health outcomes, and that safe and effective patient flow is essential to protect people during emergencies;

(PP12) Emphasizing that timely access is an essential component of quality emergency, critical and operative care services and could prevent millions of deaths and long-term impairments from injuries, infections, mental health conditions, acute exacerbations of noncommunicable diseases, acute complications of pregnancy and other health conditions, including in neonates and children;

(PP13) Noting that injury alone accounts for nearly 5 million deaths per year and that road traffic injury is the top cause of death of all those in the age group of 5–29 years;<sup>3</sup> and that most people affected by injury require access to emergency, critical and operative care services;

(PP14) Noting that emergency, critical and operative care interventions are effective and in general cost-effective, and concerned that the lack of investment in emergency, critical and operative care is compromising outcomes, limiting impact and increasing cost in other parts of the health system and potentially reducing impact of other health interventions;

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<sup>1</sup> United Nations High Commissioner for Refugees. Convention and Protocol Relating to the Status of Refugees. UNHCR. 1951 (<http://www.unhcr.org/protection/basic/3b66c2aa10/convention-protocol-relating-status-refugees.html>, accessed 10 January, 2023).

Convention on the Elimination of All Forms of Discrimination against Women. U. N. Hum. Rights Off. High Comm. 1965 (<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx>, accessed 10 January, 2023).

Convention on cluster munitions 2008 (<https://www.un.org/disarmament/convention-on-cluster-munitions/>, accessed 10 January, 2023).

International Convention on the Elimination of All Forms of Racial Discrimination. U. N. Hum. Rights Off. High Comm. 1979 (<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx>, accessed 10 January, 2023).

Convention on the Rights of the Child. U. N. Hum. Rights Off. High Comm. 1989 (<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>, accessed 10 January, 2023).

International Convention on the Protection of the Rights of All Migrant Workers. U. N. Hum. Rights Off. High Comm. 1990 (<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CMW.aspx>, accessed 10 January, 2023).

Convention on the prohibition of the use, stockpiling, production and transfer of Anti-personnel mines and on their destruction (<https://www.un.org/disarmament/anti-personnel-landmines-convention>, accessed 10 January, 2023).

<sup>2</sup> Thirteenth General Programme of Work, 2019–2023. Geneva: World Health Organization; 2018; as contained in document A71/4 ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA71/A71\\_4-en.pdf?ua=1or](http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1or), accessed 10 January 2023) and adopted in resolution WHA71.1.

<sup>3</sup> Global Health Estimates, World Health Organization, 2019. <https://www.who.int/data/global-health-estimates> (accessed 10 January 2023).

(PP15) Noting that effective planning and resource allocation for delivery of emergency, critical and operative care requires understanding the potential and actual utilization of emergency, critical and operative care services, identifying and removing barriers to accessing care, and that it requires detailed analysis of data that is frequently unavailable or not recorded in many settings;

(PP16) Considering that quality emergency, critical and operative care services and improved outcomes are best guaranteed through ongoing monitoring to be used for service development, continuous quality improvement, targeted capacity building of the emergency, critical and operative care workforce and, as appropriate, through regulation;

(PP17) Considering that WHO has a range of guidance that allows policy-makers, planners and administrators to develop action plans that are best suited to their national contexts, along with resources for training and standards for essential emergency, critical and operative care services, equipment and supplies at each level of the health system,<sup>1</sup>

(OP)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;<sup>2</sup>

(OP)2. URGES Member States in accordance with national context and priorities:<sup>3</sup>

(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 (SPDI) tool<sup>4</sup> 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 assessments<sup>5</sup> 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;

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<sup>1</sup> Emergency care. Geneva: World Health Organization (see [www.who.int/emergencycare](http://www.who.int/emergencycare), accessed 25 January 2023).

<sup>2</sup> Global public health security is defined as the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries ([https://www.who.int/health-topics/health-security/#tab=tab\\_1](https://www.who.int/health-topics/health-security/#tab=tab_1), accessed 12 December 2022).

<sup>3</sup> And, where applicable, regional economic integration organizations.

<sup>4</sup> See [www.uhcc.who.int](http://www.uhcc.who.int) (accessed 25 January 2023).

<sup>5</sup> See [who.int/emergency-care](http://who.int/emergency-care) (accessed 25 January 2023).

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- (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 Security (NAPHS)<sup>1</sup> as appropriate;
  - (5) to develop national, sub-national and facility-level governance mechanisms for the coordination of routine prehospital and hospital-based emergency, critical and operative care services, patient transfer and referral services, including linkage 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;
  - (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 (CFAR), such as the WHO CFAR 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;
  - (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

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<sup>1</sup> <https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/national-action-plan-for-health-security> (accessed 25 January 2023).

operative care and to demonstrate the contribution of such integrated care to national targets, sustainable development goals and programmatic goals;

(OP)3. REQUESTS the 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 resolution WHA68.15 (2015) and resolution 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 (SPDI) 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 Development<sup>1</sup> 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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<sup>1</sup> United Nations General Assembly resolution 70/1 (2015).