World Health Organization

SEVENTY-SECOND WORLD HEALTH ASSEMBLY **(Draft) A72/77**
27 May 2019

Fourth report of Committee B

(Draft)

Committee B held its sixth meeting on 25 May 2019 under the chairmanship of Dr Karen Gordon-Campbell (Guyana) and Mr Abdulla Ameen (Maldives).

It was decided to recommend to the Seventy-second World Health Assembly the adoption of the attached two resolutions relating to the following agenda items:

12. Other technical matters

12.7 Eleventh revision of the International Classification of Diseases

One resolution

12.9 Emergency and trauma care

One resolution entitled:

– Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured

Agenda item 12.7

Eleventh revision of the International Classification of Diseases

The Seventy-second World Health Assembly,

Having considered the reports of the Director-General on the eleventh revision of the International Classification of Diseases;[1]

Recalling the WHO Nomenclature Regulations adopted by the Twentieth World Health Assembly on 22 May 1967;[2]

Recalling also the resolution of the Forty-third World Health Assembly on 17 May 1990, adopting the tenth revision of the International Classification of Diseases with effect from 1 January 1993;[3]

Acknowledging that development and maintenance of the International Classification of Diseases is a core normative function of WHO,

1. ADOPTS the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11), to come into effect on 1 January 2022, subject to transitional arrangements, with the following constituents:

   (1) the detailed list of four-character categories and optional five- and six-character subcategories[4] with the short tabulation lists for mortality and morbidity;

   (2) the definitions, standards and reporting requirements related to maternal, fetal, perinatal, neonatal and infant mortality;[5]

   (3) the rules and instructions for underlying cause coding for mortality and main condition coding for morbidity;

2. REQUESTS the Director-General:

   (1) to allocate sufficient resources within the Organization for the regular updating and maintenance of ICD-11 and its eventual revision;

   (2) to publish the ICD-11 in the six official languages of the Organization and put in place the digital tools and support mechanisms for its maintenance, dissemination and use, including facilitation of linkages with existing clinical terminologies;

[1] Documents A72/29 and A72/29 Add.1.

[2] Resolution WHA20.18.

[3] Resolution WHA43.24.

[4] See ICD-11 browser at https://icd.who.int/browse11/l-m/en (accessed 28 March 2019).

[5] Available at https://icd.who.int/docs/norms-eb2019.pdf (page 14, accessed 28 March 2019).

(3) to provide support upon request to Member States in implementing ICD-11, including in building systems and capacity, and by providing the ICD-11 translation platform;

(4) to provide transitional arrangements from 1 January 2022 for at least five years, and as long as necessary to enable Member States to compile and report statistics using previous revisions of the International Classification of Diseases;

(5) to implement a regular updating process for ICD-11,[1] and to further develop and implement the family of disease- and health-related classifications, with the International Statistical Classification of Diseases and Related Health Problems as the core classification linked to other related classifications, specialty versions and terminologies;

(6) to report on progress in implementing this resolution, through the Executive Board, to the Seventy-sixth World Health Assembly in 2023, the Eightieth World Health Assembly in 2027, and the Eighty-fifth World Health Assembly in 2032, and to include in the 2032 report an assessment of the need for revision of ICD-11.

[1] As described in Annex 3.8 of the Reference Guide of the ICD-11 (available at https://icd.who.int/icd11refguide/en/index.html, accessed 28 March 2019).

Agenda item 12.9

Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured

The Seventy-second World Health Assembly,

Having considered the report on emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured;[1]

Noting the importance of the organization of the health system as a whole, including by distinguishing between elective services and care, non-elective services and care, and emergency services and care in order to address the health needs of populations in a sustainable, effective and appropriate manner;

Recognizing that many proven health interventions are time-dependent and that emergency care is an integrated platform for delivering accessible, quality and time-sensitive health care services for acute illness and injury across the life course;

Emphasizing that timeliness is an essential component of quality, and that millions of deaths and long-term disabilities from injuries, infections, mental disorders and other mental health conditions, acute exacerbations of noncommunicable diseases, acute complications of pregnancy, and other emergency conditions could be prevented each year if emergency care services exist and patients reach them in time;

Noting that injury alone accounts for nearly 5 million deaths per year and that road traffic injury is the top killer of all those in the age group of 5–29 years;[2]

Noting also that emergency care is an essential part of health service delivery in health systems, and that well-designed emergency services facilitate timely recognition, treatment management and, when needed, continued treatment of the acutely ill at the appropriate level of the health system;

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 care is a key mechanism for achieving a range of associated targets – including those on universal health coverage, road safety, maternal and child health, noncommunicable diseases, mental health, and infectious disease;

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, promote access to justice for all and build effective, accountable and inclusive institutions at all levels), and noting that a strong and well-prepared everyday emergency care system is vital for mitigating the impact of disasters and mass casualty events and for maintaining delivery of health services in fragile situations and conflict-affected areas;

[1] Document A72/31.

[2] Global Health Estimates 2016: deaths by cause, age, sex, by country and by region, 2000–2016. Geneva, World Health Organization; 2018

Recalling resolutions 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, WHA66.8 (2013) on the comprehensive global mental health action plan 2013–2020, WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, and WHA69.1 (2016) on strengthening essential public health functions in support of the achievement of universal health coverage, in which the Health Assembly prioritized integrated service-delivery models and identified the lack of access to timely emergency care as a cause of extensive and serious public health problems;

Recalling also the mandate of WHO's Thirteenth General Programme of Work, 2019–2023 to improve integrated service delivery and to serve in particular the most disadvantaged, marginalized and hard-to-reach populations, to ensure that no one is left behind;[1]

Noting that providing non-discriminatory access to all people in need of timely care in well organized, safe and high-quality emergency care services can contribute to the reduction of health inequalities;

Noting further that in many countries the emergency care system serves as the major health system safety net and the primary point of access to health services, in particular for marginalized populations, which is not an optimal use of health system resources;

Recognizing that the lack of organized emergency care in many countries leads to wide global discrepancies in outcomes across the range of emergency conditions;

Noting that many emergency care interventions are both effective and cost effective, and that integrated emergency care delivery can save lives and maximize impact across the health system;

Concerned that the lack of investment in frontline emergency care is compromising effectiveness, limiting impact and increasing cost in other parts of the health system;

Acknowledging that frontline health workers, nurses in particular, provide care for the acutely ill and injured, often without the benefit of dedicated training in the management of emergency conditions, and with limited possibilities for consultations;

Noting that improving outcomes requires an understanding of the potential and actual utilization of emergency care, and that existing data do not provide adequate support for effective planning and resource allocation for emergency care;

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

[1] 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, accessed 19 March 2019) and adopted in resolution WHA71.1 (2018).

for training, as well as standards for essential emergency care services and resources at each level of the health system,

1. CALLS FOR near-term additional efforts globally to strengthen the provision of emergency care as part of universal health coverage so as to ensure the timely and effective delivery of life-saving health care services to those in need;[1]

2. URGES Member States:[2]

(1) to create policies for sustainable funding, effective governance and universal access to safe, high-quality, needs-based emergency care for all, without regard to sociocultural factors, without requirement for payment prior to care, and within a broader health system that provides quality essential care and services and financial risk protection as part of universal health coverage;

(2) as appropriate, to conduct voluntary assessments using the WHO emergency care system assessments tool to identify gaps and context-relevant action priorities;

(3) to work towards, or promote, at appropriate levels of governance, the inclusion of routine prehospital and hospital emergency unit care into health strategies, and in other relevant planning documents, such as emergency response plans and obstetric and surgical plans;

(4) to develop a governance mechanism, as appropriate to their national context, for the coordination of routine prehospital and hospital-based emergency care services, including linkage with other relevant actors for disaster and outbreak preparedness and response, including the capacity of personnel in other sectors;

(5) to promote more coherent and inclusive approaches to safeguard effective emergency care systems as a pillar of universal health coverage in fragile situations and conflict-affected areas, ensuring the continuum and provision of essential health services, and public health functions, in line with humanitarian principles;

(6) to promote as appropriate, according to the level of health care services, from first level and above, the establishment of a dedicated area or unit for emergency services and care with appropriate equipment and capacity for management and diagnosis;

(7) to promote access to timely prehospital care for all, by using informal or formal systems, as resources allow, including by establishing, where they do not exist, toll-free universal access numbers that meet international standards;

(8) to implement key processes and protocols as identified in WHO guidance on emergency care systems, such as triage and checklists[3], as appropriate;

[1] Emergency care. Geneva: World Health Organization, see https://www.who.int/emergencycare/en/ (accessed 19 March 2019).

[2] And, where applicable, regional economic integration organizations.

[3] See Emergency and trauma care [website]. Geneva: World Health Organization; 2019 (https://www.who.int/emergencycare/en/ , accessed 20 May 2019).

(9) to provide dedicated training in the management of emergency conditions for all relevant types of health providers, including developing post-graduate training programmes for doctors and nurses, training frontline providers in basic emergency care, and integrating dedicated emergency care training into undergraduate nursing and medical curricula, and establishing certification pathways for prehospital providers, as appropriate to their national context;

(10) to increase awareness and capacity in communities to deal with emergency situations, including through campaigns, and through training of standard practices across educational and occupational settings, adapted to their corresponding target populations, so they can identify, mitigate and refer potential emergencies;

(11) to implement mechanisms for standardized data collection to characterize the local acute disease burden and identify high-yield mechanisms for improving the coordination, safety and quality of emergency care;

(12) to support efforts to ensure, based on local risks, that prehospital and hospital emergency units have plans in place to protect providers, patients and infrastructure from violence and to protect providers and patients from discrimination; and that they have in place clear protocols for the prevention and management of hazardous exposures;

3. REQUESTS the Director-General:

(1) to enhance WHO's capacity at all levels to provide necessary technical guidance and support for the efforts of Member States and other relevant actors to strengthen emergency care systems, including to ensure preparedness in all relevant contexts;

(2) to foster multisectoral networks, partnerships and action plans, and to facilitate collaboration among Member States, to support the effective dissemination and implementation of best practices in emergency care;

(3) to promote equitable and non-discriminatory access to safe, quality emergency care services for all people as part of universal health coverage;

(4) to renew efforts outlined in WHA60.22 to provide support to Member States, upon request, for needs assessments, facility inspection, quality- and safety-improvement programmes, review of legislation, and other aspects of strengthening the provision of emergency care;

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

(6) to strengthen the evidence base for emergency care by encouraging research on the burden of acute disease and emergency care delivery, and by providing tools, protocols, indicators and other needed standards to support the collection and analysis of data, including on cost-effectiveness;

(7) 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[1] by providing advocacy resources;

(8) to report to the Seventy-fourth World Health Assembly in 2021 on progress in the implementation of this resolution.

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[1] United Nations General Assembly resolution 69/313 (2015).