

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

1. Resolution WHA72.16 (2019) provides the foundation for national, regional and international activities to strengthen the delivery of emergency care, and to ensure timely access to care for all.
2. The WHO Secretariat, through the unit for clinical services and systems, together with contributions from key stakeholders, has generated a road map for implementation of resolution WHA72.16, under the WHO Global Emergency and Trauma Care Initiative. Five key objectives have been addressed, as described below.

Objective 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, raising awareness, and mobilizing international and domestic resources

3. Together with strategic partners, WHO has conducted advocacy activities in all six WHO regions, raising awareness of the importance of strong global emergency care systems to address population health needs and ensure effective emergency response (including for COVID-19). These activities have highlighted the effectiveness and importance of the emergency, critical and operative care continuum, built around robust primary care, for achieving universal health coverage. In addition, technical briefings and collaborative events have been coordinated by staff across the three levels of WHO.

Objective 2: to provide support to Member States for needs assessments and other aspects of strengthening the provision of emergency care, fostering multisectoral networks, partnerships and action plans, and facilitating collaboration among Member States

4. Member States in the African Region (Cameroon, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea-Bissau, United Republic of Tanzania, Uganda, Zambia), the Region of the Americas (Dominican Republic, Mexico), the Eastern Mediterranean Region (Egypt, Islamic Republic of Iran, Jordan, Libya, Oman, Pakistan, Qatar, Sudan, Tunisia), the European Region (Kazakhstan, Kyrgyzstan, Tajikistan, Ukraine), the South-East Asia Region (Myanmar, Nepal) and the Western Pacific Region (Cambodia, Fiji, Lao People's Democratic Republic, Malaysia, Mongolia, Philippines, Viet Nam) have planned or conducted national emergency and trauma care system assessments for setting national emergency and trauma care action priorities.

Objective 3: to promote equitable and nondiscriminatory access to safe, quality emergency care services for all people

5. The Secretariat, in consultation with international experts and partners, has developed several practical tools for country use, including the online training course Basic Emergency Care (BEC): Approach to the acutely ill and injured, the Interagency Integrated Triage Tool, the WHO Trauma Care Checklist, the WHO Medical Emergency Checklist, the Resuscitation Area Designation Tool, and the International Registry for Trauma and Emergency Care. These tools have been translated into several working languages of the United Nations, and relevant components have been incorporated into WHO guidance on the management of COVID-19. The strategic shifts required to ensure safe and effective emergency care delivery in the context of the COVID-19 pandemic have been integrated into WHO's *Maintaining essential health services: operational guidance for the COVID-19 context*. This guidance has raised awareness about the ability of well-organized, prepared and resilient emergency care systems not only to meet everyday health needs, but also to provide essential acute care delivery throughout the pandemic, limiting direct mortality and avoiding secondary mortality altogether. Emergency care system strengthening has prepared countries for responding more effectively to COVID-19. Key capacities and processes have been strengthened as part of the response, supporting the continued delivery of essential health services for all time-sensitive conditions, including COVID-19, other communicable diseases, noncommunicable diseases, injury, obstetric and mental health emergencies. The benefits of these gains will continue throughout and beyond the pandemic context, providing more effective delivery of essential health services and ensuring system resilience against future shocks.

Objective 4: to support Member States to expand policy-making, administrative and clinical capacity in the area of emergency care

6. The Secretariat, in collaboration with partners and professional organizations, has been building capacity in clinical emergency care globally, including by providing several country- and regional level in-person and virtual training events on using WHO tools for strengthening emergency care. WHO Basic Emergency Care course material is available on the WHO website, and expanded training materials will be posted on the WHO learning platforms (OpenWHO and WHO Academy) in 2021. Emergency and trauma care services have been included in the WHO Universal Health Coverage Compendium, a repository of health interventions used by Member States to compile national universal health coverage service packages. Additional emergency care tools and training materials are being developed, including a community first aid responder course, prehospital standards and protocols, quality improvement guidelines, and hospital emergency, critical and operative care capacity assessment tools.

Objective 5: to strengthen the evidence base for emergency care

7. The Secretariat has done much 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 necessary standards to support the collection and analysis of data. In 2020, core outcome and process indicators for assessing the impact of the implementation of the WHO emergency care tools at the facility level were finalized, and standardized data collection tools were built into an off-line mobile data entry application. Member States in the WHO African Region have collected standardized data; data collection in other regions will launch in 2021. The Secretariat has been supporting data collection, data quality supervision and feedback reporting mechanisms.

8. Key partners for mobilizing resources and providing technical expertise include WHO collaborating centres, non-State actors in official relations with WHO, national permanent missions to the United Nations, as well as focal points from health ministries and the three levels of WHO.

9. While progress has been made in implementing specific action areas of the resolution, additional resource mobilization, programme development and capacity-building are needed, both at country and international levels, for full implementation of the resolution. Finally, given the significant needs involved, it will be essential to ensure a well-prepared health workforce by providing training programmes in emergency care.

10. For the coming years, the Secretariat has planned activities for implementing resolution WHA72.16 at the global, regional and country levels.

(a) At the global level, the Secretariat will: prepare a global status report on emergency care systems; continue the development and dissemination of standards, protocols, guidance and tools; implement pilot curricula; and benchmark reporting standards.

(b) At the regional level, the Secretariat will: foster regional multisectoral networks and partners in emergency care; produce best practice guidelines on emergency care based on evidence from model countries; and develop strategic planning tools relating to emergency and trauma care, based on regional data.

(c) At the country level, the Secretariat will: monitor national emergency care activities and internal referral networks and promote the use of evidence-based indicators to develop national policy; encourage strong, national standardized curricula and credentialing for all emergency care providers; and advocate at the local level for access to emergency care across the health system, including in connection with the COVID-19 response and other outbreaks and acute events.

11. The Secretariat will continue to support Member States in their efforts to achieve universal health coverage by ensuring timely care for the acutely ill and injured.

ACTION BY THE HEALTH ASSEMBLY

12. The Health Assembly is invited to note the report. As this is the final report requested in resolution WHA72.16, the Health Assembly is further invited to provide guidance on any future reporting considered pertinent in respect of emergency care systems for universal health coverage.

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