

Summary report on the

Second regional consultation on scaling up emergency care services in the Eastern Mediterranean Region

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Cairo, Egypt
25–26 July 2016



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

A second regional consultation on scaling up emergency care services in the Eastern Mediterranean Region was held in Cairo, Egypt, from 25 to 26 July 2016. The objectives of the consultation were:

- to review the results of the WHO Emergency Care System Assessment (ECSA);
- to agree on the relevant strengths, challenges and priorities for emergency care services in the Region;
- to review and finalize the scope of the work related to emergency care services and make necessary adjustments to the proposed framework developed by the Regional Office;
- to develop an outline of the immediate next steps and plan for the pre-Regional Committee technical meeting.

The consultation was inaugurated by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. In his opening message Dr Alwan said that emergency care was a priority area of work for the WHO Regional Office. Available data showed that emergency care services were still underdeveloped in many countries in the Region and that the challenges were further compounded by an increasing number of mass emergency events that now affected most countries, either directly or indirectly. The Region had the highest number of countries in grade 2 and 3 emergencies in the world. Large-scale crises, an increasing number of migrants and internally displaced people, and war injuries were weakening health care systems in the Region.

Emergency care encompasses a range of time-sensitive health care services provided for acute medical, surgical and obstetric emergencies, from injuries and infections to heart attacks and complications of pregnancy. The emergency care system that delivers

these services extends from care at the scene of injury or acute illness, through transport and emergency unit care, to early operative and critical care inside a health facility. Emergency care is the first point of contact with the health system for many people, and is an essential component of integrated health services provision and universal health coverage, providing timely recognition, resuscitation and referral for severely ill patients, and the delivery of definitive care for many others.

In 2007, World Health Assembly resolution [WHA60.22] urged WHO and Member States to adopt a variety of measures to strengthen trauma and emergency care services worldwide and this year's Health Assembly emphasized escalating work on emergency care across the globe.

In response to the demand of Member States, the WHO Regional Office has embarked on a regional initiative to reinforce its support for the development of services by: scaling up health system capacity for delivery of emergency care services in all countries; and strengthening context-relevant emergency care delivery in countries with complex mass emergencies.

A comprehensive assessment has been undertaken using the WHO ECSA tool. Seventy emergency care experts from 12 countries – including a wide range of policy-makers, pre-hospital and facility-based clinicians and administrators, and professional society leaders – submitted responses, and the results were used to identify gaps and priorities for both country and WHO action. Further assessments will be conducted and the results used to inform country-specific priority planning meetings in the coming year.

Emergency care will be discussed with Member States at the Sixty-third Session of the Regional Committee for the Eastern

Mediterranean and a clear, feasible and actionable plan will be presented proposing cost-effective and evidence-based solutions.

The next step is to generate a concrete action plan to support Member States to strengthen emergency care services.

2. Summary of discussions

The ECSA tool, process and results were presented. The ECSA questionnaire shared with 174 participants from 14 countries of the Region, of whom 70 (40%) responded. Table 1 shows details of respondents per country.

The composition of respondents was as follows:

- policy-makers (26%)
- pre-hospital administrators (13%)
- heads of surgery, trauma, or emergency unit (27%)
- facility-based administrators (4%)
- clinical providers (11%)
- other (19%).

Table 1. Number of respondents by country to the ECSCA questionnaire

Country	Number of questionnaires shared	Number of respondents
Afghanistan	15	1
Egypt	24	12
Jordan	7	2
Iran (Islamic Republic of)	6	1
Lebanon	4	0
Libya	43	14
Morocco	5	3
Oman	15	5
Palestine	26	14
Qatar	3	2
Syrian Arab Republic	6	0
Tunisia	16	14
United Arab Emirates	1	1
Yemen	3	1
Total	174	70

Findings from the ECSCA

Countries have a number of strengths that will facilitate the development of emergency care services – the majority have national legislation governing access to emergency care, which indicates substantial political will, and several well-resourced tertiary hospitals that can serve as flagship sites from which to conduct emergency care development activities. However, many countries in the Region, across all income levels, share the following challenges:

- lack of a designated lead office or agency to coordinate integrated pre-hospital and facility-based emergency care services, and their linkage to emergency response structures (Limited institutional capacity to provide emergency care services;

- absence of national status reports on emergency care;
- no explicit integration of pre-hospital and facility-based emergency care into national health strategic plans;
- limited coverage of pre-hospital systems, and substantial emergency care service gaps at first-level hospitals, and in rural areas;
- limited data on emergency care delivery and limited linkage of data to system planning and quality improvement efforts;
- lack of standardized clinical documentation in pre-hospital and facility settings;
- gaps in dedicated emergency care training across the system, especially regarding integration into formal curricula and ongoing certification requirements;
- insufficient funding, and lack of dedicated funding streams;
- lack of security for pre-hospital and facility-based emergency care staff.

Critical areas for priority action

The following eight high-yield near-term actions, contained within the proposed Framework of action to scale up the emergency care system in the Region, have been identified as critical to the development of emergency care services.

1. Conduct a standardized national assessment of emergency care services and convene a meeting to develop a priority action plan.
2. Establish a dedicated government lead agency at the national level (such as a ministry directorate) to coordinate integrated pre-hospital and facility-based emergency care, including development of Standard Operating Procedures (SOPs) and a mechanism for accreditation and monitoring.
3. Increase access to emergency care by mandating universal access to emergency care free of payment at the point of care; and

- explicitly integrating pre-hospital and facility-based emergency care into national health policies, strategies and plans and any national pre-payment health funding scheme.
4. Collect standardized emergency care data, including integration into existing national health information systems, and link to system planning, resource allocation and quality improvement activities.
 5. Ensure the presence of a 24-hour dedicated emergency unit with fixed trained staff and formal triage at every first-level hospital.
 6. Develop key components of pre-hospital emergency care through:
 - establishing a single universal access emergency call number
 - a mechanism for centrally-coordinated dispatch of ambulances and providers
 - a dedicated certification pathway for pre-hospital providers
 - a formal lay emergency care provider programme and legislation to protect bystanders who provide help to the acutely ill or injured.
 7. Strengthen dedicated emergency care training across the health system:
 - establish emergency medicine specialist programmes and postgraduate nursing programmes;
 - incorporate dedicated emergency care training into initial and ongoing certification for all providers who care for emergency patients;
 - incorporate emergency care training into undergraduate medical and nursing curricula.
 8. Ensure preparedness and security by establishing: a national coordinated multi-agency all-hazard preparedness and response plan with regular training and monitoring of emergency care system readiness; and developing pre-hospital and facility-level security plans to protect staff, patients and infrastructure from violence.

Proposed scope of work

In order to build resilient and sustainable emergency care services in the Region, there is a need for the establishment of unified core standards of practice and investment in capacity-building of the emergency care workforce. In collaboration with WHO headquarters, country offices and partners, the Regional Office will provide technical assistance to support universal access to emergency care in all countries and ensure continuity of emergency care services in affected and neighbouring countries in conflict situations (vulnerable contexts).

The Regional Office will:

- support emergency care system analysis to identify gaps and develop national action priorities for “resilient emergency care systems” and an adaptable and sustainable emergency care service delivery model;
- develop a regional strategy and framework of action for assessing and improving efficiency, quality and safety of emergency care services;
- scale up integrated emergency care services covering a range of services from care at the scene through transport to emergency unit care, early operative and critical care inside a fixed facility;
- ensure availability of unified core standards of practice and investment in capacity-building of the emergency care services workforce, in order to improve access to quality emergency care services with minimal financial risk;
- facilitate technical collaboration, resource mobilization, and partnership for strengthening emergency care services, including encouraging community awareness and coordinated intersectoral action;
- provide technical support to Member States to reduce vulnerability and ensure universal access to safe, quality emergency care;

- establish a network of regional and international emergency care services on emergency care;
- contribute/coordinate/facilitate the development and updating of technical tools, training materials, guidelines and SOPs and facilitate sharing experiences relevant to emergency care;
- promote innovative fund-raising mechanisms to mobilize necessary resources for emergency care services.

The proposed regional framework for action was presented for further development and the group agreed to continue working on the framework in order to finalize it. The framework of action that will be further refined offers strategies for countries and recommendations for technical support by WHO.

3. Action points

There is an urgent need to build on the commitment of WHO and Member States to scale up emergency care with action towards implementing an emergency care model that takes into consideration the diversity of the Region and the state of crisis in many countries. Efforts must address improved coordination of, and access to, emergency care services, assessment of gaps in care delivery, establishment of unified standards of practice, and investment in training. WHO is committed to providing technical guidance for implementation and has a range of assessment, planning and training tools relevant to each of the listed priorities. Participants agreed to continue work on the development of the final draft of the proposed framework for action, the draft of the pre-Regional Committee paper and the next steps for scaling up emergency care services in the Eastern Mediterranean Region.



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