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EMERGENCY CARE AS AN ESSENTIAL COMPONENT OF UNIVERSAL HEALTH COVERAGE IN THE EASTERN MEDITERRANEAN REGION

Objectives of the event

The objectives of the event are to:

- provide an overview of emergency care in the Region;
- gain consensus on the eight proposed priority actions for scaling-up emergency care services in the Region;
- discuss the way forward and development of collaborative mechanisms to support the scaling-up of emergency care services in the Region.

Background

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 to 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.

No fewer than 10 of the Sustainable Development Goal (SDG) targets are directly addressed by emergency care, and without strong and resilient emergency care services it is unlikely that the targets will be met. In addition to addressing the individual health needs reflected in SDG 3, strong and well-prepared emergency care services are also critical to mitigate the impact of mass casualty events associated with SDG 11 (disasters) and SDG 16 (violence). During armed conflict, natural disasters and outbreaks, emergency care systems can be overwhelmed by increased demand or directly compromised by the impact of such events. When emergency care systems collapse, both direct mortality from the acute event, and preventable mortality from everyday conditions ('secondary mortality'), increase dramatically. In addition to meeting everyday population health needs, well-organized, prepared and resilient emergency care services have the capacity to maintain essential emergency care delivery throughout a mass event, limiting direct mortality and avoiding secondary mortality altogether.

The Region is epidemiologically, demographically and economically diverse, and this heterogeneity creates challenges for coordinated regional action. Even within countries, the disparity between urban and rural areas can be huge. The ongoing toll of road traffic injury and cardiovascular emergencies, which remain among the leading causes of death in the Region, co-exists with persistent high rates of infectious disease and maternal and infant mortality. Timely, quality emergency care could prevent death and disability from all of these conditions but services are still underdeveloped in many countries in the Region.

While there is limited information on the reality of emergency care in the Region, available data show that there is often fragmentation in the governance of emergency care services, with control of various system components disseminated across multiple agencies. The lack of coordination and integration of pre-hospital and facility-based emergency care means that organizational gaps remain even in the face of substantial resources. For the most part, countries face these challenges with only a few young public health leaders, many of whom are foreign-trained, as in-country training pathways are still limited in the Region.

The challenges are compounded by an increasing number of mass emergency events that now affect most countries, either directly or indirectly. The Region has the highest number of countries in grade 2 and 3 emergencies in the world with increasing rates not only of conflict-related injuries, but also of other acute conditions, as care delivery systems are disrupted. Surging migrant and refugee populations further increase the heterogeneous demands on emergency care services, and rapidly-changing government structures constrain strategic system planning.

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.

In order to identify priorities and critical actions for strengthening emergency care services, a two-part expert consultation was convened and a comprehensive assessment undertaken using the WHO Emergency Care System Assessment 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.

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;
- 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.

Proposed priority actions

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.

Conclusion and way forward

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. In particular, near-term WHO commitments include:

- providing administrative and technical guidance for assessment of emergency care services (at national system and service delivery levels);
- expanding the components of the emergency care services development toolkit to facilitate system planning and strengthening;
- establishing a formal network of international and regional experts in emergency care services to support country efforts. This network will provide relevant models for legislation, SOPs and accreditation schemes, as well as identifying partners for training and research initiatives.

Expected outcomes

- Consensus reached on the eight proposed priority actions for scaling-up emergency care services in the Region.
- Agreement on the need to designate and empower focal points to coordinate priority actions, in particular, initiate assessments and convene related stakeholders to set country-specific priorities.

Proposed framework of action to scale up the emergency care system in the Region

Commitment domains	Strategic actions for countries	WHO and partner support
Developing a vision, strategy and plan for emergency care services	• Conduct a standardized national assessment of the emergency care system. • Establish/strengthen a dedicated government lead agency at national level. • Incorporate emergency care services into the national health policy, strategy and plan and allocate required resources to strengthen the programme. • Establish a national coordinated multi-agency body to develop, oversee and support the implementation of a national plan of action that also incorporates an all-hazard preparedness and response plan. • Review and update relevant rules and legislation ensuring health care access to explicitly include emergency care. • Establish unified national call and dispatch centres and incorporate community awareness programme to the national plan. • Strengthen quality assurance and develop monitoring and evaluation tools, mechanisms and regulations, including regular training and monitoring of emergency care system readiness.	• Garner political commitment to establish national coordinated multi-agency bodies and incorporate emergency care services into the national health policy, strategy; plan technical support to enhance and implement quality assurance strategies; and develop monitoring and evaluation tools, mechanisms and regulation. • Develop tools for system assessment, and provide guidance on priority actions for strengthening emergency care systems. • Develop tools and guides to promote community awareness on emergency care services.
Enhancing emergency care workforce development	• Identify gaps and priorities for developing an adequately trained emergency care workforce, in coordination with training institutes. • Introduce incentive schemes to retain and achieve a balanced staff distribution. • Establish/update core standards and SoPs (including clinical guidelines and protocols) for education of an emergency care workforce. • Establish emergency medicine specialist training programmes for physicians and nurses. • Incorporate dedicated emergency care training into undergraduate medical and nursing curricula. • Establish dedicated training and certification pathways for prehospital care providers.	• Support countries in identifying and addressing training and distribution gaps and priorities for an emergency care workforce. • Provide technical support to countries to develop competency standards, SOPs, including clinical guidelines and protocols. • Support countries to promote monitoring, audit, continuous professional development, and simulation exercises for the emergency care workforce.
Expanding coverage and access to comprehensive quality emergency care services	• Develop/update national standards for ambulances, facilities and equipment, including advanced technology and innovations. • Incorporate basic low-cost emergency care into the essential package of health services at the primary level, including supply chain management. • Support training of community first- responders and raise community awareness to all types of common emergencies. • Establish system for authorization/accreditation of pre-hospital and facility-based emergency care services. • Ensure at every first-level hospital a 24-hour dedicated emergency unit with formal triage that is adequately equipped and has a core staff of trained non-rotating personnel.	• Support countries in developing a basic low-cost emergency care package in line with national standards, needs, capacities and priorities. • Provide technical support for countries on global good practice and evidence, including standards for ambulances, facilities, equipment and supply chain. • Support leadership and management capacity-building activities.
Strengthening partnership and alignment for better	• Map stakeholders and establish dedicated roles to strengthen emergency care services, including their role in the protection of pre-hospital and facility-level security plan. • Develop/strengthen partnerships and sustained coordination mechanism between different stakeholders at national and subnational level.	• Support Member States in scaling up government leadership role and coordination mechanisms across the Organization and with partners, including sustainable security plans. • Develop guide on engagement with civil society and

access and security	• Align all communication and transportation tools, mechanisms and technology for facilitating access to emergency care. • Develop a multidisciplinary committee of relevant partners to support better delivery of emergency care services. • Develop innovative mechanisms for resource mobilization and emergency care funding.	community organizations. • Provide technical support for innovative ways of resource mobilization.
Intensifying work on health information systems and evidence building	• Develop core indicators to facilitate monitoring and improve planning. • Incorporate emergency care data explicitly into existing national health information systems. • Implement standardized clinical data collection tools and analysis for pre-hospital and facility-based emergency care to assist policy-makers and managers for informed decision-making. • Establish standards and tools for documentation and sharing information. • Enhance research, innovation and introduce use of e-health information system.	• Provide technical support and capacity-building to incorporate emergency care into national health information systems. • Establish core emergency care indicators into the HIS framework. • Provide technical support to enhance research, information sharing and innovation.