Strengthening Emergency and Essential Surgical Care and Anaesthesia in the context of Universal Health Coverage

Commitments on Implementation of the Resolution

Organized by
Member States: Ministers of Health from Australia, Kenya, Nigeria, Rwanda, Senegal, Sri Lanka, United States of America, Viet Nam, and Zambia and their delegates
Non-state actors in official relations with WHO EESC
In co-operation with
WHO Secretariat (Emergency and Essential Surgical Care Programme)
WHO Service Delivery and Safety Department

Date: 22 May 2015; Time: 12:15-13:45
Venue: Room XXIII (23)
Palais des Nations, Geneva, Switzerland

68th World Health Assembly Side-Event Agenda

1. Welcome by Chair: Marie-Paul Kieny, Assistant Director-General, Health Systems and Innovation Cluster Moderator: Edward Kelley, Director, Service Delivery and Safety Department
2. Presentation: WHO Emergency and Essential Surgical Care (EESC) Programme, Meena Nathan Cherian
3. Panel Keynote Speakers
   Ministers of Health: Somalia, Sri Lanka, Viet Nam, and Zambia
4. Delegates representing Ministers of Health
5. Non-state actors in official relations with WHO EESC Programme
   - International College of Surgeons (ICS)
   - International Federation of Surgical Colleges (IFSC)
   - International Society of Orthopaedic Surgery and Traumatology (SICOT)
   - World Federation of Societies of Anaesthesiologists (WFSA)
   - International Federation of Medical Students’ Associations (IFMSA)
6. Non-state actors
7. Discussion
8. Closing remarks by the Chair

Closed event for WHA participants only

Refreshments will be offered
68th World Health Assembly Side-Event
Strengthening emergency and essential surgical care and anaesthesia in the context of universal health coverage
Commitments on implementation of Resolution WHA A68/31

Brief description and rationale

The integrated delivery of universally accessible and safe surgical and anaesthesia services in low-resource settings is a critical and growing need globally, if we are to address a number of health conditions across the life-course, including pregnancy-related complications, birth defects and injuries from road accidents, burns, contractures, and falls across all age groups, including the ageing population. Surgically-treatable blindness, diabetes-related wound care and amputations, tropical diseases like Buruli Ulcer and filariasis (hydrocele), female genital mutilation and cancer, all require sustained access to safe surgical care. These conditions significantly contribute to preventable death and disability.

Member States are expected to discuss the critical role of emergency and essential surgical and anaesthesia care in contributing to poverty reduction through the prevention of disability. Discussions on strengthening surgery and anaesthesia services are investments into improving public health, poverty reduction and encouraging economic developments. It is critical to move this agenda forward and promote the necessary actions by WHO, its Member States and other partners.

Target audience

This session targets Member States, policy-makers, NGOs, professional organizations, as well as practitioners, researchers and academic institutions (Non-state actors) and provides an opportunity for dialogue about policy priorities on implementation of Resolution WHA A68/31.

Session objectives

- To share information on best practice policies and strategies which, if implemented, would improve access to safe emergency and essential surgical care and anaesthesia.
- To discuss strategies and explore policy priorities and options in the implementation process to improve access to life-saving and disability-preventing surgical services.

Session conclusions

The conclusions from the discussions will identify the next steps for the WHO, policy-makers, and other key stakeholders.