Emergency care covers a spectrum of activities, including: prehospital care and transport; initial evaluation, diagnosis and resuscitation; and in-hospital care...

Calls on member states and WHO to assess, establish and monitor integrated prehospital and facility-based emergency care systems...
Ensure healthy lives and promote well-being for all at all ages

Make cities and human settlements inclusive, safe, resilient and sustainable
SDG Targets
Directly Addressed by Emergency Care Systems
SDG Target

3.1 By 2030, reduce the global maternal mortality ratio to < 70 per 100,000 live births

Treatment for obstetric emergencies
By 2030, end preventable deaths of newborns and children under 5, reduce neonatal mortality to 12 per 1,000 live births and under-5 mortality to 25 per 1,000 live births.

Treatment for acute paediatric conditions including diarrhea and pneumonia.
SDG Target

3.3

By 2030, end the epidemics of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

Treatment of acute infections and sepsis
SDG Target

3.1
3.2
3.3
3.4
3.5
3.6
3.8
3.9
11.5
16.1

By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being

Treatment of acute exacerbations of NCDs
SDG Target

3.1
3.2
3.3
3.4
3.5
3.6
3.8
3.9
11.5
16.1

3.5
Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

Emergency care and harm reduction
SDG Target

3.6

By 2020, halve the number of global deaths and injuries from road traffic accidents

Post-crash emergency care
SDG Target

3.1

3.2

3.3

3.4

3.5

3.6

3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.9

11.5

16.1

Emergency care is an essential component of universal healthcare
By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

Treatment for acute exposure to hazardous materials
SDG Target

3.1

3.2 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.

3.3

3.4

3.5

3.6

3.7

3.8

3.9

11.5 Disaster preparedness and response for resilient health systems

16.1
SDG Target

3.8 Significantly reduce all forms of violence and related death rates everywhere

3.9 Treatment for victims of violence
Emergency Care for 10 SDG Targets

3.1 Reduce by three quarters, between 2015 and 2030, the maternal mortality ratio
   Treatment for obstetric emergencies

3.2 Reduce by three quarters, between 2015 and 2030, the under-five mortality rate
   Treatment for acute paediatric conditions including diarrhea and pneumonia

3.3 Reverse the incidence of malaria and other major diseases and reduce deaths caused by half by 2030
   Treatment of acute infections and sepsis

3.4 By 2030, reduce by one-third premature mortality from NCDs
   Treatment of acute exacerbations of NCDs

3.5 Strengthen the treatment of substance abuse
   Emergency care and harm reduction interventions

3.6 Halve the number of global road traffic crash fatalities and serious injuries by 2020
   Post-crash emergency care

3.8 Achieve universal health coverage including financial risk protection and access to quality essential healthcare
   Emergency care is an essential component of universal health care

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals
   Treatment for acute exposure to hazardous materials

11.5 By 2030, significant reduce the number of deaths caused and people affected by disasters
   Disaster preparedness and response for resilient health systems

16.1 Significantly reduce all forms of violence and related death rates everywhere
   Treatment for victims of violence
WHO Emergency Care System Framework
WHO Emergency Care System Framework

- Consensus-based essential functions of emergency care systems
- Designed for ministries, policy makers, health system administrators, and general advocacy
- Facilitates the identification of system gaps to aid in priority setting
# WHO Emergency Care System Framework

## Site | Primary Function | Function Component | Detailed Activities | WHO Health System Building Blocks
--- | --- | --- | --- | ---
### Bystander Response
- **Function Component:** System Activation
  - **Detailed Activities:** Bystander +/- community-based training (including first aid, education)
- **WHO Health System Building Blocks:** Universal access number or activation system; centralized call processing
  - **Leadership and Governance:** Legislative mandate for universal activation of system; legislation regarding telephone company responsibility for UAN calls

### Dispatch
- **Function Component:** Instructions to Bystanders
  - **Detailed Activities:** Information to aid bystanders
- **WHO Health System Building Blocks:**

### Transfer
- **Function Component:** Patient Transport
  - **Detailed Activities:** Transport patient
  - **WHO Health System Building Blocks:**
    - **Human Resources and Training:**
    - **Essential Medical Products, Technologies and Infrastructure:**
    - **Information and Research:**
    - **Leadership and Governance:** Laws and regulation governing use of emergency vehicles
- **Function Component:** Transport Care
  - **Detailed Activities:** Positioning (airway and injury protection), Monitoring intervention (ABC, OB delivery, pain control)
  - **WHO Health System Building Blocks:** Provider
    - **Transport care kit:** Clinical documentation (including chief complaint and diagnosis, process measures, performance metrics)
    - **Minimum standards for transport care**

### Facility
- **Function Component:** Reception
  - **Detailed Activities:** Registration, Screening, Triage
    - **WHO Health System Building Blocks:**
      - **Information system:** Screening, demographics, chief complaint
      - **Screening:** Case definitions, screening criteria
      - **Triage:** Process metrics (time-flow), percent compliance with triage designations
      - **Handover:** Triage protocols

### Field and Facility
- **Function Component:** Laws and regulation
  - **Detailed Activities:**
    - **WHO Health System Building Blocks:**
      - **Minimum standards for transport care**
      - **Syndromic surveillance guidelines**

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**World Health Organization**
**Department for Management of NCDs, Disability, Violence and Injury Prevention**
Emergency Care System Framework

Scene

Transfer

Facility

Bystander Response

Dispatch

Provider Response

Patient Transport

Transport Care

Reception

Emergency Unit Care

Disposition

Inpatient Care
Working Group 2: Health System Response & Priority Setting

• Agree an essential package of emergency care (from WHO Framework and DCP)

• Search for evidence for the essential package (clinical and cost effectiveness)

• Map onto the BoD for the poorest billion
Patients may receive definitive care, ending the acute episode, at multiple levels of the system, or may require transfer for additional care.

Patients may access emergency care at multiple levels of the system.
Emergency and trauma care

Emergency care

All around the world, acutely ill and injured people seek care every day. Frontline providers manage children and adults with medical, surgical and obstetric emergencies, including injuries and infections, heart attacks and strokes, asthma and acute complications of pregnancy. Prioritising an integrated approach to early recognition and resuscitation reduces the impact of all of these conditions.

WHO’s Emergency, Trauma and Acute Care programme is dedicated to strengthening the emergency care systems that serve as the first point of contact with the health system for so much of the world, and to supporting the development of quality, timely emergency care accessible to all.

Learn more about emergency care systems
Burden of death

24% from road crashes

Deaths per year (millions)

Injury
HIV/AIDS, TB and Malaria
Road traffic injuries

- Using road traffic injuries as illustrative of other unintentional injury topics (burns, falls, drowning)
- Well developed framework for action
- Organised prevention and care activities
- Role of health sector, both wrt emergency care and beyond
- Noting the relationship between the health sector and other sectors important in RTI prevention (transport, interior)
Decade of Action for Road Safety
2011-2020

Road safety management
Safer roads and mobility
Safer vehicles
Safer road users
Post-crash response
RTIs between nations

- 1.25 million deaths a year, leading cause of death 15-29, estimated
- RTI fatality rates in LMICs double HICs
Vulnerable road users

- 49% deaths among pedestrians, cyclists and motorcyclists
- Higher in LMICs (58%)
Interventions lacking in LMICs

• Costs LMICs up to 5% GDP
• Prevention policies much less likely in LMICs than in HICs – infrastructure, vehicles, behavioural, emergency care systems
Helmets
(44 countries, best practice)
Within nations

- Strong social class gradients - mortality rates in low social classes much higher than for more affluent groups, particularly for pedestrians and cyclists.
- Increased exposure - unsafe environments
- More likely to be a vulnerable road user
- Access to care more limited
- More likely to be pushed into poverty by economic consequences of a crash
Prioritizing for the poorest billion

• Poorest populations within LMICs among VRUs and users of public transport

• Intervention focus on
  – Speed
  – Safe infrastructure – sidewalks, safe pedestrian crossings, median barriers, etc
  – Safety of motorcycle drivers and passengers - helmets (WPRO, SEARO)
Urges Member States “to identify and prioritize a core set of emergency and essential surgery and anaesthesia services at the **primary health care and first-referral hospital level**...”