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International Online Training “ Capacity Building on Trauma Administrative Management for Trauma Medical Directors and Trauma Nurse Coordinators in Southeast Asia Region ”

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Strategic directions to integrate emergency care services into primary health care in the South-East Asia Region : 2020

Strategic directions to integrate
emergency care services
into primary health care
in the South-East Asia Region

Originally developed during Expert Group meeting on
"Regional Strategy to Integrate Emergency and Trauma Care into Primary Health Care (PHC) in SEAR",
23-25 August 2018, Bangkok, Thailand
Revised by the Expert Group at its virtual meetings held on 7 May 2020 and 27 May 2020



[Source: Strategic directions to integrate emergency care services into primary health care in the South-East Asia Region \(who.int\)](#)

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SEARO strategies in Trauma and Emergency Care of the region

- ✓ Background
- ✓ Vision
- ✓ Guiding Principles
- ✓ Strategic Directions
- ✓ Implementation approaches

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Background: WHO-SEA REGION

- Committed to building a better, healthier future for the nearly two billion people in the Region,
- 11 Member States





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SEVENTY-SECOND WORLD HEALTH ASSEMBLY

Agenda item 12.9

WHA72.16

28 May 2019

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

Member States (Key points)

- Create policies for sustainable **funding**, effective governance
- conduct **surveys to identify gaps** for emergency
- Inclusion of **routine prehospital and** hospital emergency unit care into health strategies
- to promote more **coherent and inclusive approaches** to safeguard effective emergency care
- promote **health facilities with dedicated emergency care unit and supplies**
- Promote **access to timely hospital care** to all e,g toll-free
- Use of **WHO protocols and checklist**
- promote health **workers training**
- Increasing **awareness and capacity of communities**
- Promote standardized data collection

Director General (Key points)

- provide necessary **technical guidance** and support
- Foster **multisectoral network and partnership**
- promote **equitable and non-discriminatory** access to safe, quality emergency care services
- Support **policy-making, administrative** and clinical capacity
- strengthen the **evidence base** for emergency care
- facilitate **awareness and international** and domestic resource mobilization

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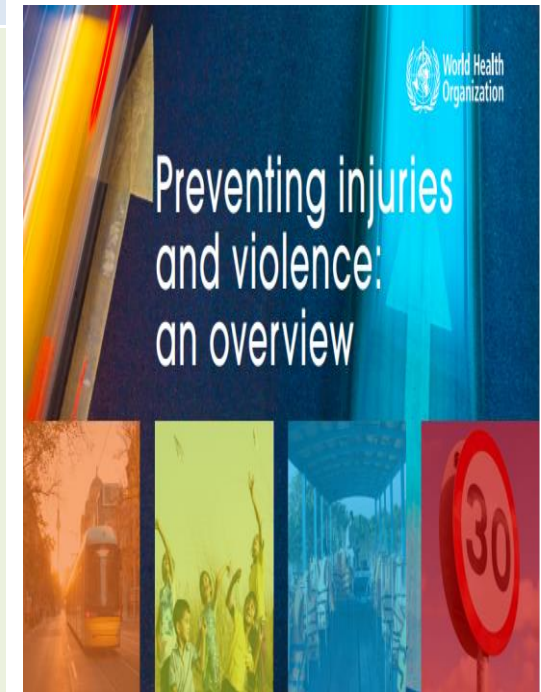


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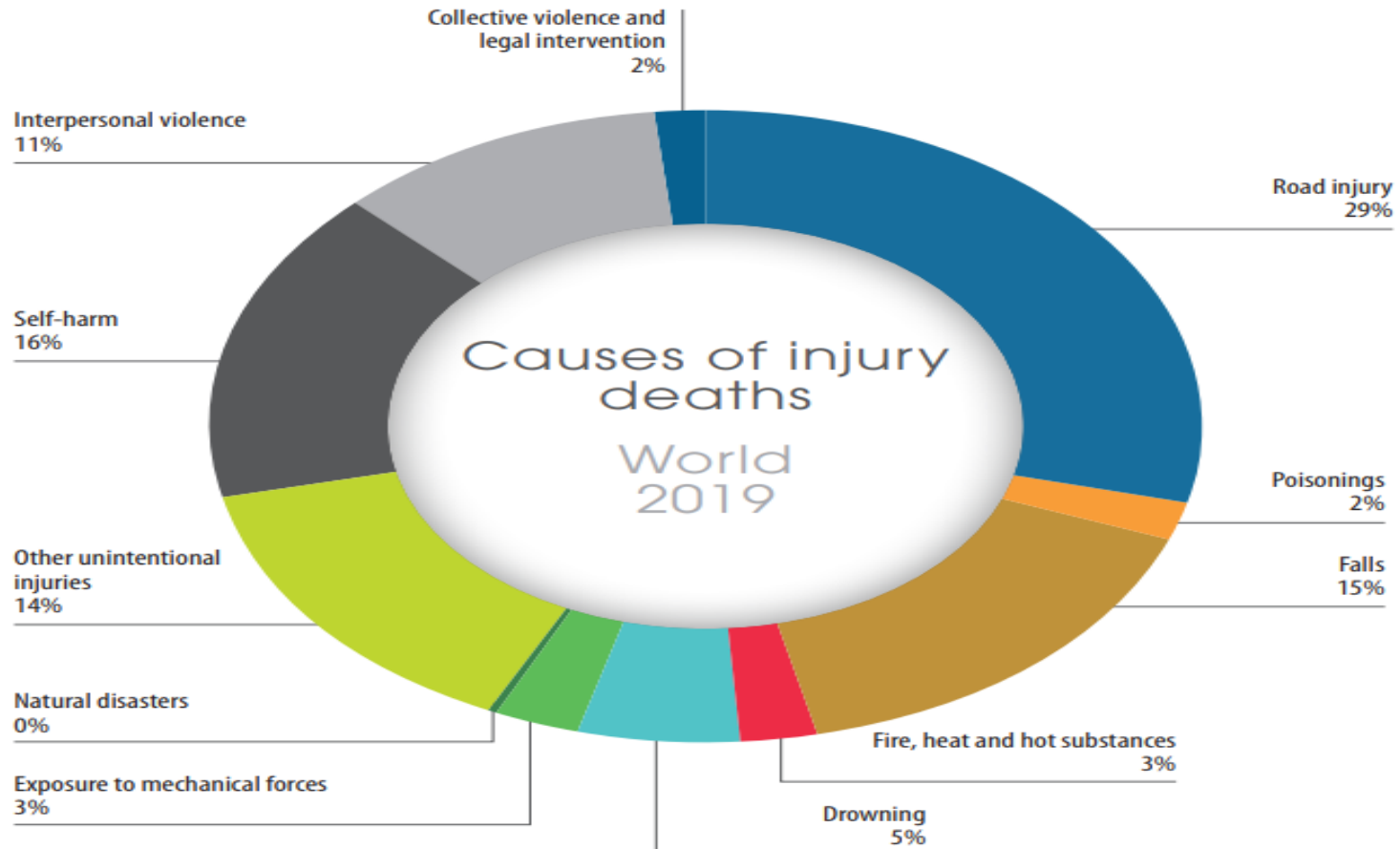
Globally

- Injuries – due to both unintentional causes and violence – took the lives of 4.4 million people around the world in 2019 and constitute 8% of all deaths
- For people age 5–29 years, 3 of the top 5 causes of death are injury-related, namely road traffic injuries, homicide and suicide



[Preventing injuries and violence: an overview \(who.int\)](https://www.who.int/publications/i/item/preventing-injuries-and-violence-an-overview)

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Source: Global Health Estimates, 2019 (14)



Current status of ECS in the SEA Region in PHC level

- Many SEA Region countries are beginning to recognize the importance of integrated ECS at all levels of care
- Over 50% of trauma patients in the SEA Region countries are reported to have died before reaching a hospital
- Pre-hospital care is largely comprised of uncoordinated transportation of patients to hospitals and that, too, by untrained, or semi trained staff. Less than 20% of these patients were transported by ambulance
- Often ambulance staff, too, are untrained in emergency care and perform only the functions of drivers and attendants
- The availability of well-trained first responders and bystander care, too, is severely limited. Similar gaps exist in facility-based emergency care too

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ECS and universal health coverage

- Access to emergency care and people-centred care delivery at all levels of health care, is essential for universal health coverage
- Member States in the SEA Region need to design and integrate an effective ECS in PHC level, but with strong linkages and referral systems to other levels.
- Integration of ECS, starting with the PHC and then carried through all levels of care, will serve to promote equity



Strategic directions and actions for the integration of ECS in PHC in the SEA R

- Guiding Principles

- All people in the SEA Region should receive evidence-based, timely, life-saving, free-of-cost emergency care.
- Emergency care should have free and smooth transition from primary to secondary, or, tertiary levels



Strategic directions for Member States in the SEA Region

1. Government stewardship and political advocacy for emergency care.
2. National health policies and planning focused on integrated ECS
3. Strengthening resources and the adoption of best practices and low-cost, high-yield policies in integrated ECS.
4. Generating evidence for planning and policies
5. Fostering partnerships at all levels
6. Data-driven ECS
7. Promoting ethical values and human rights principles

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1. Government stewardship and political advocacy for emergency care

- Advocating for responsive and vigilant ECS
- Enhancing quality of existing ECS
- Creating a lead agency e.g National body
- Ensuring free access to emergency care at all levels
- Strengthening monitoring and accountability systems
- Allowing private-public partnership
- Greater use of IT and telemedicine
- Strengthen HR



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2. National health policies and planning focused on integrated ECS

- Provide adequate funding
- Emergency care should be integrated within the PHC system
- Mobilizing adequate funding

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3. Strengthening resources and the adoption of best practices and low-cost, high-yield policies in integrated ECS

- Pre-hospital coordination mechanism (reducing time, strengthening communication, ambulance, leveraging technology)
- Strengthening Facility bases (Care, integrated information systems etc)
- Human resource development (Conduct gap analysis, recruitment, training and competency)
- Training of services delivery (Developing protocols , strengthen community emergency,
- Using WHO-tools to improve ECS

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4. Generating evidence for planning and policies

- Developing and creating accountability systems
- Develop key performance indicators
- Linking funding to performance
- Bring together multiple professional groups as team work

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5. Fostering partnerships at all levels

- Improving the synergies between existing services and systems
- Fostering partnerships with other agencies including private, NGO and individuals

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6. Data-driven ECS

- Establishing ED surveillance and registry systems;
- Utilizing quality improvement methodology to improve emergency care;
- Streamlined emergency data collection and analysis.

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7. Promoting ethical values and human rights principles:

- Right to emergency care by all
- Fragmentation creates inequities, while integration facilitates the preservation of equity for human rights in the most practical manner.

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Strategic Actions for Member States in the SEA Region

1. Designate a lead government agency at national level to coordinate integrated ECS at all levels
2. Characterize the current state of ECS in the Member States
3. Ensure universal access to free ECS
4. . Protect funding for ECS
5. Ensure an organized, disseminated and coordinated system that meets population needs
6. Collect standardized emergency care data and integrate into existing health information systems to facilitate system planning, resource allocation and quality improvement activities:
7. Ensure high-quality emergency care delivery in public and private settings
8. Develop key components of pre-hospital ECS:
9. Strengthen emergency care training across the health system
10. . Ensure disaster preparedness and biohazard planning
11. Learn from research and autopsies in the SEA Region

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Four Step Process of ECS integration

1. Current situational analysis
2. Develop a strategic plan
3. Establish monitoring and evaluation processes
4. Implementation



WHO TOOLS

WHO Emergency Care Resources



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References and Links to WHO tools and references

1. [Strategic directions to integrate emergency care services into primary health care in the South-East Asia Region \(who.int\)](#)
2. [Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured \(who.int\)](#)
3. [Emergency and trauma care \(who.int\)](#)
4. [Suite of health service capacity assessments in the context of the COVID-19 pandemic \(who.int\)](#)
5. [WHO-ICRC Basic Emergency Care: approach to the acutely ill and injured](#)
6. [WHO Trauma Care Checklist](#)
7. [WHO Standardized Clinical Form](#)
8. [Resuscitation Area Designation Tool \(who.int\)](#)
9. [WHO International registry for trauma and emergency care](#)
10. [Guidelines for trauma quality improvement programmes \(who.int\)](#)

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THANK YOU