

Health systems: emergency-care systems

The Sixtieth World Health Assembly,

Having considered the report on health systems: emergency-care systems;¹

Recalling resolutions WHA56.24 on implementing the recommendations of the *World report on violence and health* and WHA57.10 on road safety and health, which respectively noted that violence was a leading worldwide public health problem and that road-traffic injuries caused extensive and serious public-health problems;

Further recalling that resolution WHA56.24 requested the Director-General to provide technical support for strengthening trauma and care services to survivors or victims of violence, and that resolution WHA57.10 recommended Member States to strengthen emergency and rehabilitation services, and requested the Director-General to provide technical support for strengthening systems of prehospital and trauma care for victims of road-traffic injuries;

Recognizing that each year worldwide more than 100 million people sustain injuries, that more than five million people die from violence and injury, and that 90% of the global burden of violence and injury mortality occurs in low- and middle-income countries;

Aware of the need for primary prevention as one of the most important ways to reduce the burden of injuries;

Recognizing that improved organization and planning for provision of trauma and emergency care is an essential part of integrated health-care delivery, plays an important role in preparedness for, and response to, mass-casualty incidents, and can lower mortality, reduce disability and prevent other adverse health outcomes arising from the burden of everyday injuries;

Considering that WHO's published guidance and electronic tools offer a means to improve the organization and planning of trauma and emergency care that is particularly adapted to meeting the needs of low- and middle-income countries,

1. CONSIDERS that additional efforts should be made globally to strengthen provision of trauma and emergency care so as to ensure timely and effective delivery to those who need it in the context of the overall health-care system, and related health and health-promotion initiatives;

¹ Document A60/21.

2. URGES Member States:

- (1) to assess comprehensively the prehospital and emergency-care context including, where necessary, identifying unmet needs;
- (2) to ensure involvement of ministries of health in, and an intersectoral coordination mechanism for, review and strengthening of the provision of trauma and emergency care;
- (3) to consider establishing formal and integrated trauma and emergency-care systems and to draw on informal systems and community resources in order to establish prehospital-care capacity in areas where formal, prehospital, emergency medical-care systems are impractical;
- (4) in settings with a formal, emergency medical-care system, and where appropriate and feasible, to ensure that a monitoring mechanism exists to provide improved pertinent information and assure minimum standards for training, equipment, infrastructure and communication;
- (5) in locations with a formal, emergency medical-care system, or where one is being developed, to establish, and make widely known, a universal-access telephone number;
- (6) to identify a core set of trauma and emergency-care services, and to develop methods for assuring and documenting that such services are provided appropriately to all who need them;
- (7) to consider creating incentives for training and to improve working conditions for health-care providers concerned;
- (8) to ensure that appropriate core competencies are part of relevant health curricula and to promote continuing education for providers of trauma and emergency care;
- (9) to ensure that data sources are sufficient to monitor objectively the outcome of efforts to strengthen trauma and emergency-care systems;
- (10) to review and update relevant legislation, including where necessary financial mechanisms and management aspects, so as to ensure that a core set of trauma and emergency-care services are accessible to all people who need them;

3. REQUESTS the Director-General:

- (1) to devise standardized tools and techniques for assessing need for prehospital and facility-based capacity in trauma and emergency care;
- (2) to develop techniques for reviewing policy and legislation related to provision of emergency care, and to compile examples of such legislation and to use such institutional capacity to provide support to Member States, on request, for reviewing and updating their policies and legislation;
- (3) to determine standards, mechanisms, and techniques for inspection of facilities, and to provide support to Member States for design of quality-improvement programmes and other methods needed for competent and timely provision of essential trauma and emergency care;

- (4) to provide guidance for the creation and strengthening of mass-casualty management systems;
- (5) to provide support to Member States, upon request, for needs assessments, facility inspection, quality-improvement programmes, review of legislation, and other aspects of strengthening provision of trauma and emergency care;
- (6) to encourage research and collaborate with Member States in establishing science-based policies and programmes for implementation of methods to strengthen trauma and emergency care;
- (7) to collaborate with Member States, nongovernmental organizations and other stakeholders in order to help ensure that the necessary capacity is in place effectively to plan, organize, administer, finance and monitor provision of trauma and emergency care;
- (8) to raise awareness that low-cost ways exist to reduce mortality through improved organization and planning of provision of trauma and emergency care, and to organize regular expert meetings to further technical exchange and build capacity in this area;
- (9) to work with Member States to design strategies for providing, on a regular basis, optimal, non-emergency and emergency care to all those in need; and to provide support to Member States for mobilizing adequate resources from donors and development partners to achieve this goal;
- (10) to report on progress made in implementing this resolution to the Health Assembly, through the Executive Board.

Eleventh plenary meeting, 23 May 2007
A60/VR/11

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