

Emergency & Essential Surgical Care

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Training Course in Sexual and Reproductive Health Research Geneva, February 2009

Emergency & Essential Surgical Care

- Challenges
- Response
- Strategies
- Conclusion



Emergency & Essential Surgical Care

WHO Clinical Procedures unit

Responsible for ensuring efficacy, safety and equity in the provision of clinical procedures in surgery, anaesthetics, obstetrics and orthopaedics, particularly at the district hospital level....

Transplantation

Information Note 16/2004 - 12 May 2004 - Subject: Establishment of a new team - Clinical Procedures



Challenges: Emergency & Essential Surgical Care

- Every minute, one woman dies from pregnancy related complications i.e.
 529 000 women/year
- For every woman who dies in childbirth, around 20 more suffer injury, infection or disease – approximately 10 mill. women/year
- 15% of pregnancies & childbirths need Emergency Obstetric Care
- 2 million women living with obstetric fistula
- 1.2 mill. people/year die in road crashes, 50 million are injured
- 2000 children & teenagers/day die from injury

http://www.who.int/violence_injury_prevention/en/



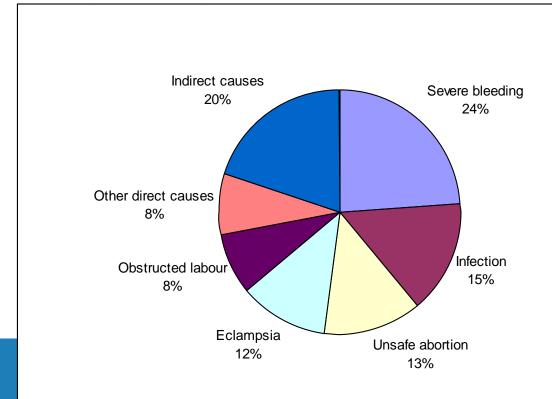
Challenges: Universal Access to Emergency & Essential Surgical Care

- Inequities: Timely life saving & disability preventing emergency, surgical, anaesthesia interventions:
 - Injuries (road traffic, falls, burns, violence, disasters)
 - Pregnancy related complications: (5 direct complications account for > 70% of maternal deaths)
 - Other surgical conditions, congenital anomalies
- Weak: Health systems at primary healthcare level
- Inadequate: Specialists/Supplies/Equipment/Medicines/ quality/standards on best practices, skills training



Response: Emergency & Essential Surgical Care Contributing to the MDGs

- MDG 4: To reduce child mortality
- MDG 5: To improve maternal health
- MDG 6: To combat HIV/AIDS, malaria, & other diseases



Response: Emergency & Essential Surgical Care

Health systems strengthening through refocusing on Primary Health Care (PHC): WHR 2009

•PHC: comprehensive, integrated, continuum of care

- Improve health equity
- •Health systems people-centered quality, appropriate, affordable, effective
- Promote/protect health communities
- Health authorities more reliable



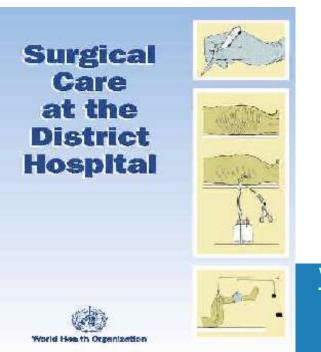
Strategies: Emergency & Essential Surgical Care: Health systems strengthening

- Emergency, essential surgical and anaesthesia services are preventive, curative and rehabilitative and should be an integral component of PHC to meet MDG 5
- comprehensive approach at first referral health facilities benefits many life saving & disability preventing surgical interventions
- Provision of Emergency Obstetric Care
- Provision of Obstetric fistula treatment
- Provision of trauma care



Strategies: Emergency & Essential Surgical Care:

- Guidelines on WHO standards
- WHO Global Initiative for Emergency & Essential Surgical Care (GIEESC)



Policies
Best practices
Quality & safety

www.who.int/surgery



WHO Integrated Management for Emergency & Essential Surgical Care (IMEESC) toolkit: PHC approach

- **Best Practices**
- Slow progress in labour, eclampsia, bleeding
- C-section
- Unsafe abortion
- Complications of Female Genital Mutilation
- Anaesthesia
- Equipment
- Monitoring & Evaluation



Strategies: Emergency & Essential Surgical Care:

- Strengthening capacities & health systems to improve equity to access life saving & disability preventing interventions for meeting MDGs:
 - Integration within primary health care services
- Education & training through appropriate technologies to meet local needs
- Research & Quality (tools for Situation analysis, Monitoring & Evaluation)
- Advocacy
- Partnerships for sustainability, replication of model



Conclusions: Emergency & Essential Surgical Care Contributing to the MDGs

- Sustainable Comprehensive package in PHC www.who.int/surgery
- Partnerships & Collaborations: WHO GIEESC

- Right Patient
- ✓ Right Procedures: surgical/anaesthesia
- Right Site
- Right Time
- ✓ Rightly Trained health personnel

Thank You

