Constituency statement from IFSC, ICS, WFNS, WFSA, SICOT and WSO on WHA 75 agenda item 16.2: Strengthening WHO preparedness for and response to health emergencies

Thank you, President. This statement relates to document A 75/17, Annex paragraph 2, and the wording “work to address critical gaps”.

A resilient and responsive health system is an indispensable part of health emergency preparedness, including for pandemics. Global experiences during Covid-19 showed that critical care specialists such as anaesthesiologists, intensivists and surgeons are vital frontline workers. Covid-19 started as a local outbreak. Most global health emergencies are due to natural and manmade disasters where early local multidisciplinary trauma care is critical.

A critical question is how to equip remote communities at local level to deal with the initial impact of health emergencies. Investing in facilities that can provide emergency and essential surgical and anaesthesia care will provide the appropriate level of investment to optimise global capacity in preparedness for and response to health emergencies. Resolution 68.15 and extensive published research support the cost-effectiveness of investing in emergency and essential surgical and anaesthesia services at first level/district hospital level.

Surgical systems and manpower are proxies for providing rapid care for a wide range of emergencies. Hospitals that can provide essential surgical and anaesthesia care have the manpower at medical, nursing and auxiliary levels and the infrastructure (in power, water, oxygen, transport systems, laboratories, blood transfusion services etc) to manage critically ill patients, triage mass casualties, provide primary trauma care and manage pandemic surges.

Better preparedness applies not only to surgical and trauma patients, but to a wide range of emergencies. All medical emergencies will be better managed at hospitals equipped to this level. Patients who present due to stroke, cardiovascular complications, diabetes mellitus, cancer and other NCDs will often need combined medical, surgical, specialist nursing and critical care.

We therefore request the WHO to regard designing, equipping and staffing district hospitals to the level where such hospitals can provide emergency and essential surgery and anaesthesia as critical in achieving global preparedness for all health emergencies.