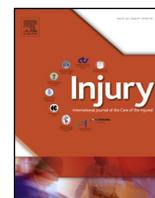




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## Editorial

# Strengthening emergency care systems to serve the injured<sup>☆</sup>



Every year 5 million people die from injury, and tens of millions more suffer injuries that result in disability [1]. Strengthening the emergency care systems that serve as the first point of contact for so much of the world is essential to ensuring timely and equitable access to care for injury. If survival rates from injury in low- and middle-income countries (LMICs) were brought to the level of those in high-income countries, over 2 million lives—representing 40% of global injury mortality—could be saved each year [2].

WHO has developed a series of tools for use at the system and facility level to help strengthen emergency care for the injured. Building on the foundation of the three Essential Trauma Care project documents—*Prehospital trauma care systems* [3], *Guidelines for essential trauma care* [4], and *Guidelines for trauma quality improvement programs* [5]—these new tools focus on simple and cost-effective trainings and process improvements to ensure early recognition, resuscitation and timely referral.

### WHO Toolkit for country-level implementation [6]

The **WHO Emergency and Trauma Care System Assessment** is a process executed at the national level in which countries undertake a structured appraisal of the essential system components needed to deliver care for injury and other emergency conditions. This process allows policy-makers and other planners to identify system gaps and to convene a range of stakeholders to develop context-relevant action priorities for system strengthening. The **WHO Emergency Care System Framework Infographic** provides a visual overview of these essential functions.

The **WHO International Registry for Trauma and Emergency Care** is a web-based platform for aggregation and analysis of case-based data from emergency care visits. The platform is free to users and provides a range of automated reports to facilitate quality improvement, system planning and scholarly publication. Standardized audit filters allow rapid identification of cases where simple process changes can save lives. The registry is currently available for use with acute injury cases presenting to facilities and will expand to include general emergency conditions in the coming year. The **WHO Standardized Clinical Form** improves care by ensuring a systematic and structured approach to every injured

person, and provides a simple mechanism for collecting the WHO registry data points.

Developed by WHO and International Committee of the Red Cross (ICRC), in collaboration with the International Federation for Emergency Medicine, **Basic Emergency Care (BEC): Approach to the acutely ill and injured** is an open-access training course for frontline healthcare providers who manage acute illness and injury with limited resources. Produced in response to requests from multiple countries and international partners, the BEC package includes a Participant Workbook, Facilitator Guide and electronic slide decks for each module. BEC teaches a systematic approach to the initial assessment and management of every injured person.

Clinical process guidance includes the **WHO Trauma Care Checklist**, a simple list of key actions to ensure that no life-threatening conditions are missed and that timely, life-saving interventions are performed. The guidance on **Resuscitation Area Designation** describes a standardized approach to organize resuscitation areas and keep essential resources close at hand, ensuring the sickest patients in the emergency unit are clearly identified and receive needed care. Finally, the **Integrated Interagency Triage Tool**, developed in a collaboration among WHO, ICRC, and Médecins Sans Frontières, is currently being piloted and will provide an integrated set of protocols for routine facility-based triage for adults and children, as well as for pre-hospital and surge triage. Formal triage helps ensure that people presenting with major trauma are identified early and their management prioritized.

### Implementation and research networks

Through its **Global Alliance for Care of the Injured**, WHO has engaged with a range of national, regional and international professional societies which contribute technical expertise to support tool development, piloting and implementation; facilitate national assessment processes; and disseminate WHO injury care resources globally. In addition to several national professional societies, the African Federation for Emergency Medicine (AFEM), the College of Surgeons of East, Central and Southern Africa (COSECSA), the International Association for Trauma and Intensive Care (IATISIC), and the International Federation for Emergency Medicine (IFEM) have actively contributed to the development of dissemination of the WHO toolkit described above.

To amplify efforts and ensure that programme outputs serve countries' needs, WHO also coordinates a global network of

<sup>☆</sup> The authors alone are responsible for the views expressed in this article and they do not necessarily represent the views, decisions or policies of the institutions with which they are affiliated.

government focal points and international experts in emergency care. As part of these efforts, WHO recently hosted the first meeting of the **Global Emergency Care Research Network** convened by the University of Sheffield in the United Kingdom, which seeks to advance research leading to improved emergency care in LMICs. This network, and others like it, will ensure that WHO tools are context-relevant and fit for purpose, and will inform effective and cost-effective implementation.

### Advocacy and the way forward

The enormity of the injury disease burden calls for an urgent and coordinated response from the global community, but engagement of stakeholders has yet to reach the levels of other major health agendas. Innovative cross-cutting advocacy is needed. Strengthening systems of care for the injured also confers benefits across a broad range of other emergency conditions, including communicable diseases, acute exacerbations of non-communicable diseases, and life-threatening complications of pregnancy. Emergency care is a key mechanism for addressing not only the SDG target on reducing road traffic deaths, but also for a range of other targets, including those on universal health coverage, child health, noncommunicable diseases, violence and disasters. Foregrounding this perspective facilitates engagement of a broad advocacy base to support interventions proven to save lives in the context of injury.

In December 2018, WHO launched the **Global Emergency and Trauma Care Initiative**, which aims to save millions of lives over the next 5 years through improvements in emergency care. Its aims are two-fold: to rapidly increase capacities to provide quality emergency care in countries around the world, and to foster awareness through a global advocacy campaign about its potential to save lives.

As WHO Director-General Dr Tedros Adhanom Ghebreyesus has said: “No one should die for the lack of access to emergency care, an essential part of universal health coverage.”

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