

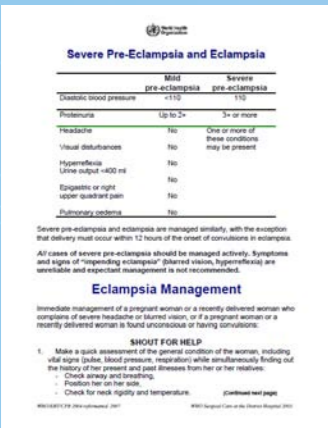
Integrated Management toolkit for Emergency and Essential Surgical Care (IMEESC)

The WHO Integrated Management for Emergency & Essential Surgical Care e-learning toolkit provides a comprehensive package of WHO recommendations on a single compact disc. This toolkit targets policy-makers, program managers and health care providers (non-specialist doctors, nurses and paramedics)

IMEESC toolkit



QUALITY & SAFETY



Teaching & Reference Guidelines: Surgery, Emergency, Obstetrics, Anesthesia, Trauma & Orthopedics at District Hospital

- Surgical Care at the District Hospital manual
- Surgical Care at the District Hospital (SCDH) teaching slides
- Evaluation of Self Learning

Training Workshops

- Trainer's Guide
- Model Agenda
- Participants Evaluation
- Sample Report of Training Workshop

Best Practice Protocols

- Best Practice Protocols for Clinical Procedures Safety
- Hand Washing Techniques
- Waste Disposal for Clinical Procedures
- Disaster Management Guidelines
- Burn Management
- Post-operative Pain Management
- HIV Prevention Protocols



Equipment Lists & Needs Assessment

- Essential Emergency Equipment Generic List
- Anaesthetic Infrastructure/Supplies
- Needs Assessment for Essential Emergency Room Equipment

Policy Management

- Aide-Memoire: Surgical & Emergency Obstetrical Care
- Training Curriculum on Emergency & Essential Surgical Skills
- Organization & Management

Quality & Safety

- Safe Surgery & Safe Anaesthesia Protocols
- Obstetric Safety Protocols
- Monitoring & Evaluation

Research Tool

- WHO Situation Analysis to Assess Emergency & Essential Surgical Care

Videos

- Surgery at the District Hospital Training Videos (7 films, 30 minutes each)

10-20% of deaths of young adults in developing countries are directly attributable to inadequate surgical knowledge.

Simple surgery makes a difference.

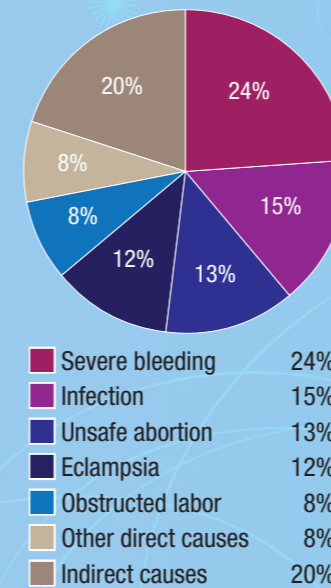
Essential surgical care makes a difference

Each year 1.2 million people are losing their lives because of road traffic accidents and more than 500 000 women are dying from pregnancy-related complications. Young people between the ages of 15 and 44 years account for almost 50% of global injury-related mortality. In addition to primary prevention of these tragedies, the ability to apply the correct emergency, surgical and anaesthesia procedures is vital.

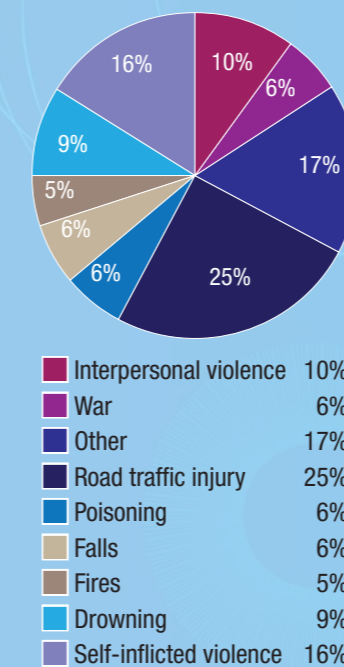
Conditions treatable by surgery account for 11% of the global burden of disease.



Causes of maternal death worldwide



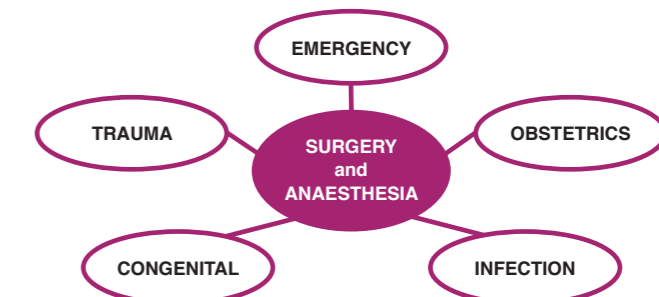
Causes of injury worldwide



Primary Hospital

Two simple yet neglected measures can drastically reduce death and disability from fundamental surgical conditions:

- Increase trained human resources
- Increase access to essential surgical equipment



Emergency and Essential Surgical Care (EESC)

The WHO Emergency and Essential Surgical Care (EESC) program is aimed at strengthening emergency, surgery and anaesthesia services for injuries, disasters, pregnancy-related complications and other surgical conditions at first referral level health facilities through education, skills building and research.

EESC is an integral part of Primary Health Care (PHC), providing technical support to countries in scaling up frontline health providers in life-saving and disability-preventive surgical care which requires no expensive technology or sophisticated facilities.

2,000,000,000 people have no access to emergency or surgical care.

In East Africa, only 40 orthopaedic surgeons serve a population of over 200 million. In Uganda, only 13 physician anaesthesiologists serve 27 million. Due to these extreme circumstances, EESC is often provided by non-specialist doctors, nurses and paramedics in rural and remote health facilities. Scaling up the health work force in life-saving and disability preventing EESC is urgent for PHC.



Airway Management during an EESC training workshop in Tanzania

Providing clinical recommendations to safely manage these and other conditions:

Pregnancy-related complications

- obstructed labour
- unsafe abortions

Injuries

- road traffic
- violence
- burns
- falls
- disasters

Other surgical conditions

- male circumcision
- congenital clubfoot
- hernias
- hydrocoele
- female genital mutilation
- infection

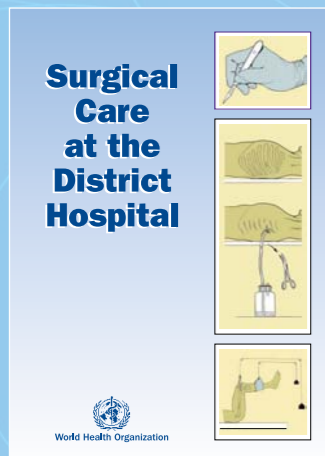


Patient Assessment during an EESC training workshop in Mozambique

AWARENESS



EDUCATION



"SCDH is an indispensable manual for outlying health centres."
International Federation of Surgical Colleges

Complete text available online: <http://www.who.int/surgery/publications/en/SCDH.pdf>

POLICY



ONLINE RESOURCES for CAPACITY BUILDING



Global Initiative for Emergency and Essential Surgical Care (GIEESC)

WHO GIEESC was established in December 2005 with the objective to improve collaboration among Ministries of Health, WHO country offices, local and international organizations and academia. GIEESC is involved in reducing death and disability from road traffic accidents, trauma, burns, falls, pregnancy related complications, domestic violence, disasters and other surgical conditions. The specific objectives are

- strengthen capacity to deliver effective emergency surgical care at the first referral level facility, working towards achieving the WHO Millennium Development Goals
- improve the quality of care through safe and appropriate use of emergency and essential surgical procedures and linked equipment in resource limited healthcare facilities
- strengthen existing training and education programs in safety of essential procedures in low and middle income countries



Third Bi-Annual GIEESC Meeting, Ulaanbaatar, Mongolia, 5-6 June, 2009

EESC in Primary Health Care

- **UNIVERSAL ACCESS**
Increasing the number of appropriately trained providers leads to improved access for underserved populations
- **SERVICE DELIVERY**
Support capacity building in EESC skills and equipment leading to a greater range of services available in PHC
- **LEADERSHIP**
Support worldwide collaboration and partnerships through WHO GIEESC
- **POLICY**
Providing guidance on comprehensive and integrated EESC for strengthening health systems