
STRATEGY ON INTEGRATED EMERGENCY, CRITICAL AND OPERATIVE CARE 2025–2030

Introduction

1. This strategy aims to support Member States of the Pan American Health Organization (PAHO) in enhancing the accessibility, quality, and safety of integrated emergency, critical and operative (IECO) care throughout the Region of the Americas. IECO services are an integral part of the primary health care (PHC) approach and an essential strategy for strengthening health systems and meeting national and global health targets. This strategy aligns with the Organization's mission to expand access to comprehensive, high-quality care throughout the life course, moving toward the achievement of universal access to health and universal health coverage (1–3). It also aligns with the World Health Assembly resolution on Integrated Emergency, Critical and Operative Care for Universal Health Coverage and Protection from Health Emergencies, which urges Member States to design and implement integrated national and/or regional action plans for IECO care (4).
2. In seeking to strengthen the planning and provision of IECO services, the strategy aims to overcome the unique challenges of IECO care delivery in emergency and nonemergency scenarios. A pivotal element is the strengthening of emergency care (EC) as a fundamental component of the IECO care continuum. EC refers to medical services provided in response to an urgent or life-threatening condition, aimed at diagnosing, treating, and stabilizing individuals who are experiencing severe health issues that require immediate attention. It is typically delivered in hospital emergency departments, but it can also occur in ambulances, in urgent care centers, or even at the scene of an accident or medical event.

Background

3. Aligning the IECO care framework with the Sustainable Development Goals, specifically targets 3.8.1 and 3.8.2, supports the expansion of health coverage and access to quality health care services (4–6). This strategic alignment extends beyond providing immediate medical care to encompass a spectrum of public health issues (7, 8), such as communicable diseases, noncommunicable diseases, mental health (9), prevention of violence, and road safety (9, 10). These efforts are aligned with the PAHO Strategic Plan 2020–2025 (11) and with the Strategy for Universal Access to Health and Universal Health Coverage (1), aiming to create a comprehensive health system that addresses various determinants of health. This broad approach promotes enhanced management of chronic diseases, maternal health, and elderly care needs, such as fall prevention and multimorbidity management. Such comprehensive strategies not only reduce the load on IECO care services but also lead to better health outcomes (12). For instance, HPV vaccination helps decrease the incidence of cervical cancer, saving lives and reducing the overall health care burden (13).

4. Several resolutions approved by PAHO Member States emphasize efforts to strengthen health system resilience (14), promote integrated care (15), and reconfigure health systems to serve the evolving and diverse needs of populations, especially those in conditions of vulnerability. IECO care services are essential and require consistent availability, particularly in critical situations. Lessons from the COVID-19 pandemic and other emergencies such as natural disasters have underscored the need for health systems to respond rapidly to emergent health challenges. It is vital to optimize the efficiency of IECO care delivery to avoid potentially harmful delays in treatment. A resilient and flexible IECO care infrastructure helps ensure uninterrupted service and effective emergency responses, supporting the continuity and efficiency of essential health services under challenging circumstances, including those associated with climate change (16–18).

Situation Analysis

5. An analysis of IECO care in the Region reveals a complex environment shaped by economic and other disparities and by the recent COVID-19 pandemic impact on health services and health outcomes in the Region (14). Specialized surgical and critical care shortages are acute in remote and underserved areas, highlighting the urgent need for policy actions to improve health care access across diverse regions (19, 20). While IECO care interventions are generally both efficient and cost-effective, insufficient investment compromises outcomes, escalating costs elsewhere in the health system and diminishing the efficacy of other health interventions. The effectiveness of IECO care hinges on the smooth integration and coordination of its components, from initial primary care diagnosis to critical and surgical inpatient care. Linking IECO services with communities through primary care, communication, transportation, and referral systems is crucial.

6. Quality and safety standards for IECO care, including those for prehospital and ambulance services, vary significantly, affecting patient outcomes (20, 21). This inconsistency points to the need for evidence-based practices across all levels of care. Ensuring access to essential and safe health technologies, including personal protective equipment, diagnostic tools, medical oxygen, and intensive care unit medications, is crucial, as the COVID-19 pandemic has shown. However, the integration of these technologies into health care protocols remains inadequate. The establishment of protocols and standards across prehospital, transfer, and facility-based care is vital for providing quality patient care and equitable access to essential health technologies. Tackling innovation and workforce development in IECO care necessitates a focused approach across 3 domains: the adoption of digital health technologies, including computer-aided dispatch systems and electronic health records; the provision of specialized IECO training and education, aimed at equipping the workforce, from primary care workers to specialists, with the skills needed to meet evolving demands; and a commitment to research that drives improvements in IECO care delivery (22–24).

Proposal

7. The Strategy on Integrated Emergency, Critical and Operative Care 2025–2030 highlights the pivotal role of IECO care within integrated health service networks (2), emphasizing policy-driven integration of services across care settings. It promotes seamless collaboration across hospital and prehospital care, including primary care services, to create a comprehensive health care continuum. By enhancing operational efficiency, the strategy is designed to strengthen clinical management and emergency responsiveness, ensuring universal access to IECO care within a financially protective

system (1). The strategy's success will depend in large part on securing sustainable funding, ensuring effective governance, and encouraging increased political and resource commitment toward establishing a resilient, equitable, and efficient IECO care framework. Strategic evaluations and national action plans (25–26) will be pivotal in refining IECO care systems.

Strategic Line of Action 1: Enhance operational efficiency in integrated emergency, critical, and operative care within integrated health service networks

8. To maximize the operational efficiency of IECO care, its design must be embedded within integrated health service networks and robust PHC-based systems. This requires redefining governance structures and coordination frameworks within clinical teams, which will impact hospital, prehospital, and first level of care services, including emergency care. Key steps include streamlining communication processes and clearly defining roles within teams to ensure seamless integration of emergency and routine health care services. These improvements must be applied consistently across all service environments, ensuring uniform standards of care. Additionally, the enhancements should be harmonized across both public and private sectors to address the diverse operational contexts, especially in the context of emergencies and disasters, where joint work can bridge the gap in terms of logistics, equipment or human resources and reduce inequalities in the access to IECO services.

9. The appropriate design and functionality of health care facilities, with continuous access to safe water, sanitation, and electricity, is fundamental to operational efficiency and patient safety. Strategic adjustments to facility layouts can help alleviate overcrowding, enhance infection prevention and control, and streamline clinical workflows, enabling facilities to adapt to fluctuating health care demands. Prioritization in procurement and maintenance is especially important in contexts with limited resources and should focus on securing essential health technologies, including required diagnostic support services and select high-technology medical equipment. Developing prioritized maintenance schedules for these technologies helps ensure the resilience of health care facilities, particularly in crisis situations, safeguarding patient safety while promoting effective resource allocation.

10. Refinement of patient triage protocols and streamlining the management of referrals and waiting lists can maximize the use of IECO care resources. Within a PHC framework, integrating advanced information systems, digital clinical decision support, and telemedicine boosts the resolution capacity of the first level of care, as well as postoperative follow-up. This technological integration expedites patient flow, improves bed management, and enhances the ability of health care providers to recognize when urgent referrals are necessary. This reinforced operational efficiency is crucial for embedding IECO care within integrated health service networks, ensuring timely and appropriate treatment pathways, and maintaining quality standards across the health care continuum.

Strategic Line of Action 2: Promote integrated clinical management and quality in integrated emergency, critical, and operative care

11. This strategic line of action promotes integrated clinical management and quality in IECO care through the adoption of evidence-based tools. It includes the adaptation of national or broadly applicable clinical guidelines for incorporation into clinical pathways, disease management programs,

and protocols at local level. This ensures that treatments for conditions such as myocardial infarction, stroke, obstetric emergencies, colorectal cancer, polytrauma, and sepsis are consistent, effective, and grounded in robust evidence. By tailoring these guidelines to meet local needs, the strategy aims to standardize care across different health care settings, significantly improving patient outcomes with practices that are both evidence-based and locally relevant. Additionally, the implementation of evidence-based tools, such as bundles of care and checklists, augments care quality and patient safety. By providing structured, actionable steps for health care professionals, these tools serve to diminish variability in care and lessen the incidence of adverse events.

12. Continuous monitoring, evaluation, and feedback serves as a basis for improvement of health care institutions' performance, leading in turn to better IECO care quality and outcomes. The integration of evidence-based interventions and operational research into IECO care management is a crucial step. These tools are designed to improve care and ensure patient safety by reducing adverse events and optimizing health care delivery. Accreditation or certification approaches may contribute to ensuring that health care facilities and practices stay up to date with evolving quality and safety standards.

13. There is a strong need for comprehensive training for health care professionals across all levels of care. This is intended to equip multi-professional teams with the skills necessary to effectively implement adapted guidelines and manage the complexities of IECO care, while protecting personnel in the execution of their functions. Patient empowerment and community involvement are key elements of a patient-centric health care model. It seeks to actively engage patients in their health care journey, making them informed participants in decisions about their care. This includes initiatives designed to increase patient understanding and management of their conditions, as well as community-based programs that encourage health awareness and preventive practices.

Strategic Line of Action 3: Strengthen emergency care capacity

14. This strategic line of action focuses on enhancing the capacity of emergency care within IECO care and health services networks. It underlines the importance of EC in delivering effective prehospital care and community emergency support, advocating for a collaborative environment among health care professionals, health transportation providers, and other stakeholders involved in the national and local response to emergencies. The objective of this strategic line of action is to promote the establishment of unified, efficient EC response capacity that is adaptable to various emergency situations, ensuring optimal care and safety for both patients and the EC workforce.

15. Ongoing education and training of EC personnel is key to strengthening EC capacity. Such training should cover a broad spectrum of emergency scenarios to form skilled, cohesive teams capable of responding effectively to diverse health crises, informed by the latest developments in emergency medicine. It is important to expand dedicated preservice and in-service training for all relevant health workers and teams, to integrate EC training into undergraduate curricula and postgraduate education, and to implement certification pathways. EC training and education should be adapted to align with national contexts.

16. Medical transport plays a critical role in the EC response capacity, and vehicles need to be equipped with essential medical supplies and appropriate equipment. Coordinated transportation operations are vital for rapid and reliable response times, forming a cornerstone of timely and effective emergency medical care. Furthermore, the integration of prehospital EC services with hospital services is critical in developing IECO surge capacities and creating scalable and interoperable response teams ready for swift mobilization during mass casualty events. This comprehensive approach aims to bolster the overall capacity of EC, ensuring readiness and resilience in a range of emergency health situations.

Monitoring and Evaluation

17. Monitoring and evaluation of this strategy will comply with the Organization's results-based management framework and performance monitoring and evaluation processes. A midterm review will be presented to the Governing Bodies of PAHO in 2028 and a final report in 2031, identifying strengths and weaknesses in the strategy's implementation and factors contributing to its successes and setbacks.

Financial Implications

18. Member States should prioritize the allocation of resources toward the implementation of this strategy as appropriate. The Pan American Sanitary Bureau will endeavor to mobilize additional resources for the implementation of this strategy to support Member States (see Annex B).

Action by the Directing Council

19. The Directing Council is invited to review the information presented in this document, provide any comments it deems pertinent, and consider approving the proposed resolution presented in Annex A.

Annexes

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Proposed Resolution

STRATEGY ON INTEGRATED EMERGENCY, CRITICAL AND OPERATIVE CARE 2025–2030

The 61st Directing Council,

(PP1) Having reviewed the *Strategy on Integrated Emergency, Critical and Operative Care 2025–2030* (Document CD61/11);

(PP2) Recognizing the vital role of integrated emergency, critical, and operative (IECO) care in providing comprehensive responses to a wide range of health emergencies, from acute medical conditions to complex surgical interventions;

(PP3) Acknowledging the disparities in access to IECO care across the Region of the Americas and the urgent need to expand these services in underserved areas, thereby ensuring the right of all individuals to timely and effective health care;

(PP4) Aware of the need to strengthen health system resilience in response to natural disasters, pandemics, and noncommunicable diseases;

(PP5) Understanding the importance of strategically enhancing IECO care through the design and organization of these services within integrated health service delivery networks, through the adoption of digital health technologies for improved coordination, comprehensive training for health care professionals, and the implementation of quality and safety standards in all settings;

(PP6) Emphasizing the need for IECO services to be provided as an integral part of the primary health care approach, which fosters seamless patient referrals across different levels of care, placing patients at the center of a well-coordinated health care continuum spanning primary, specialized, emergency, critical, and operative care,

Resolves:

(OP)1. To approve the *Strategy on Integrated Emergency, Critical and Operative Care 2025–2030* (Document CD61/11).

(OP)2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:

- a) implement the strategic lines of action contained in the *Strategy on Integrated Emergency, Critical and Operative Care 2025–2030* (Document CD61/11);

- b) improve the design and enhance the integration of emergency, critical, and operative care across health service networks to ensure a seamless continuum from prehospital settings—including primary care and medical transport—to hospital care, thereby supporting universal access to IECO services with financial protection for the population;
- c) invest in the infrastructure of health care facilities to support operational efficiency and safety in IECO care, ensuring continuous access to essential utilities and technologies, and adopt digital clinical decision support systems to optimize patient triage, waiting lists, and management of critical care resources;
- d) utilize evidence-based tools and integrate clinical guidelines into local protocols to standardize care across different health care settings, thereby improving patient outcomes and care quality while actively engaging patients and communities in their health care journey;
- e) adopt measures to ensure the protection of health workers in IECO care and prioritize the continuous education and training of health care professionals across all levels of care, incorporating new information and communication technologies, telehealth, online education, and learning networks to enhance response capacity and quality of performance.

(OP)3. To request the Director to:

- a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the strategy and the achievement of its strategic lines of action;
- b) promote collaboration among Member States in relation to the strategy on IECO care;
- c) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and challenges faced in the implementation of the strategy through a midterm review in 2028 and a final report in 2031.

Analytical Form: Programmatic and Financial Implications

1. Agenda item: 4.8 - Strategy on Integrated Emergency, Critical and Operative Care 2025–2030																
2. Responsible unit: Primary Health Care and Integrated Services Delivery, Health Systems and Services																
3. Preparing officers: Dr. James Fitzgerald, Dr. Jonas Gonseth García, and Dr. Ernesto Báscolo																
4. List of collaborating centers and national institutions linked to this Agenda item: N/A																
<p>5. Link between Agenda item and the Sustainable Health Agenda for the Americas 2018–2030:</p> <p>Goal 1: Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention</p> <p>Goal 8: Strengthen national and regional capacities to prepare for, prevent, detect, monitor, and respond to disease outbreaks and emergencies and disasters that affect the health of the population</p>																
<p>6. Link between Agenda item and the Strategic Plan of the Pan American Health Organization 2020–2025:</p> <p>Outcome 1: Access to comprehensive and quality health services</p> <p>Outcome 8: Access to health technologies</p> <p>Outcome 10: Increased public financing for health</p> <p>Outcome 15: Intersectoral response to violence and injuries</p> <p>Outcome 21: Data, information, knowledge, and evidence</p> <p>Outcome 23: Health emergencies preparedness and risk reduction</p>																
7. Time frame for implementation and evaluation: This strategy covers the period 2025–2030.																
<p>8. Financial implications:</p> <p>a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">Area</th> <th style="text-align: right;">Estimated cost</th> </tr> </thead> <tbody> <tr> <td>Human resources</td> <td style="text-align: right;">2 200 000</td> </tr> <tr> <td>Training</td> <td style="text-align: right;">500 000</td> </tr> <tr> <td>Consultants/service contracts</td> <td style="text-align: right;">800 000</td> </tr> <tr> <td>Travel and meetings</td> <td style="text-align: right;">600 000</td> </tr> <tr> <td>Publications</td> <td style="text-align: right;">200 000</td> </tr> <tr> <td>Supplies and other expenses</td> <td style="text-align: right;">700 000</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">5 000 000</td> </tr> </tbody> </table>	Area	Estimated cost	Human resources	2 200 000	Training	500 000	Consultants/service contracts	800 000	Travel and meetings	600 000	Publications	200 000	Supplies and other expenses	700 000	Total	5 000 000
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b) Estimated cost for the 2024–2025 biennium (including staff and activities):

The estimated cost for the 2024–2025 biennium is US\$ 2 000 000.

c) Of the estimated cost noted in b) above, what can be subsumed under existing programmed activities?

The costs from section *b)* can be offset by the 2024–2025 budget, particularly for human resources (fixed-term staff) and activities already planned in the Biennial Work Plan 2024–2025.
