WHO UPDATE.....

WHA resolution on trauma and emergency care services

Primary prevention remains one of the most important ways to reduce the burden of injuries. However, much death and disability could be prevented by strengthening trauma and emergency care services. Research has shown that there are very large discrepancies in outcome among the injured in countries at different economic levels. For example, one study showed that mortality among the seriously injured increased from 35% in the US to 55% in middle-income Mexico to 63% in low-income Ghana. These results show that similarly injured people are nearly twice as likely to die in a low-income setting than in a high-income setting.¹

Many injury deaths in low-income settings could probably be treated well, and economic constraints are only part of the reason for the disparities in trauma outcomes between countries at different economic levels. There is much that can be done to strengthen trauma and emergency care services through improved organization and planning. Studies of the effect of improving organization and planning of trauma care in high-income countries have consistently shown survival gains of 8–50% through the improved organization and planning that comes with trauma systems.²

Strengthening trauma and emergency care services could have an important public health benefit. Even under the conservative assumption of reducing mortality among all injured patients by only 8%, an estimated 400 000 lives could be saved each year. Even more lives would be saved by strengthening trauma and emergency care services in low- and middle-income countries to a point where injury-related mortality approaches that observed in high-income settings.

There is indeed much being done to strengthen trauma and emergency care services in many low- and middle-income countries. There are many dedicated, capable people working against considerable difficulties to improve trauma care in their own institutions and countries. Pilot programs in some countries have documented decreased mortality through cost-effective and sustainable improvements in training, equipment, and organization and planning.^{3–4} The question becomes how to build on such examples and make more progress globally. In an effort to do this, in May the World Health Assembly (WHA) adopted a resolution on Emergency Care Systems (Resolution WHA 60.22). The WHA is the governing body of the World Health Organization (WHO). It consists of every Minister of Health, or their designees, from all 192 WHO Member States. Each year in May, the WHA meets in Geneva. At this

time, delegates discuss a broad range of health topics based on an agenda that they adopt at the beginning of the session. The objective of the discussion is often to arrive at a consensus on actions to address important public health topics. If an agreement is reached, a resolution may be adopted. A resolution typically urges Member States to take certain actions related to a particular health problem. A resolution also requests the WHO itself to carry out certain activities, usually in support of Member States. Resolutions are usually developed after years of preliminary discussions and negotiations. Although not legally binding, resolutions are important international policy documents that set the stage for public health actions conducted by governments, civil society, and WHO staff. They also influence funding decisions by donors. Resolutions are considered the main policy tools for guiding WHO programs. They provide WHO with a mandate to undertake activities in a specific area.⁵

A variety of previous resolutions have addressed injury control, especially road safety and violence. These resolutions have included brief mentions of trauma care.⁵ However, no previous resolution has been specifically dedicated to trauma care services. That changed this year. On 23 May, the 60th WHA adopted a resolution on emergency trauma care systems. This first ever WHA resolution on this topic, initially proposed by Romania and Thailand, draws the attention of governments to the need to strengthen pre-hospital and emergency trauma care systems (including mass casualty management efforts) and describes a number of steps governments could take. In addition, it invites WHO to scale up its efforts to support countries.

The resolution stresses the importance of the topic of trauma and emergency care services in general. It also provides details on a variety of actions that governments could take, such as: improving pre-hospital care services by instituting new formal ambulance services (eg, emergency medical services) where none previously exist; building on existing informal systems of pre-hospital care by such things as first aid training for first responders, in circumstances where formal ambulance services would be impractical; and improving the coordination and organization of existing emergency medical services. It also addresses facility-based care, such as through the development of a core set of essential trauma care services to be assured to all injured people, institution of trauma quality improvement programs, and more regular provision of trauma-related continuing (in-service) education.

During the WHA, 27 governments spoke in support of the resolution, underlining the importance of the issue. Many countries highlighted the growing burden of injuries and violence and the challenge to develop adequate responses in low-resource settings. Others drew attention to the role of the international community, noting in particular WHO's role in compiling and sharing best practices and developing guidelines. Many noted that the issue needs to be placed higher on the agenda of development agencies.

The resolution is an important commitment from senior public health and development officials around the world to increase efforts to strengthen trauma care systems.

So, now that it has been adopted, what can people concerned with trauma and emergency care services around the world do to put this resolution to good use in improving care of the ill and injured? A variety of actions that can be taken include:

- Make sure that those in your Ministry of Health and other relevant entities are aware of this resolution.
- Make your Ministry of Health and local WHO office aware of the technical resources you can offer to assist with implementation.
- Encourage your Ministry of Health to appoint a focal point for injury and violence prevention if that has not happened yet.
- Organize activities or encourage others to organize activities in line with those proposed in the resolution.
- Create a network of agencies (government, non-governmental organizations, academia) that will work on implementing the resolution.
- In writing applications for funding, cite and quote components of the resolution that are in line with your proposed activities.
- Make the resolution known through your websites, newsletters, etc.

Taking such actions will help to ensure that the resolution delivers its full potential to improve the care of the injured in real life circumstances globally.

For further information, please contact Charles Mock (mockc@who.int) or go to http://www.who.int/violence_injury_prevention/services/en/ where documents related to WHO trauma and emergency care services activities can be found; or go

to http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R22-en.pdf for the full text of resolution WHA60.22.

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doi: 10.1136/ip.2007.016485

References

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- 2 **Mann NC**, Mullins RJ, MacKenzie EJ, *et al.* A systematic review of published evidence regarding trauma system effectiveness. *J Trauma* 1999;**47**:S25–33.
- 3 **Mock C**, Arreola-Risa C, Quansah R. Strengthening the care of injured patients in developing countries: a case study of Ghana and Mexico. *Inj Control Saf Promot* 2003;**10**:45–51.
- 4 **Husum H**, Gilbert M, Wisborg T, *et al.* Rural prehospital trauma systems improve trauma outcome in low-income countries: a prospective study from North Iraq and Cambodia. *J Trauma* 2003;**54**:1188–96.
- 5 **Krug E**. World Health Assembly resolutions on violence and injury prevention: new opportunities for national action. *Inj Control Saf Promot* 2004;**11**:259–63.

PostScript

Correction

An error occurred in the June 2007 issue of the journal (Wintemute GJ. Gun shows across a multistate American gun market: observational evidence of the effects of regulatory policies. *Inj Prev* 2007;**13**:150–5). Table 3 should have been published in the print journal as well as online. The table is shown below and the fully corrected article is available at <http://injuryprevention.bmj.com/supplemental>

Table 3 Examples of transactions that were classified as private party gun sales or straw purchases

Private party sales

1. *Santa Clara County Fairgrounds, San Jose, CA; 20 August 2005.* An apparently unlicensed vendor and an attendee who has brought a shotgun for sale walk to the corner of the room, and the shotgun is exchanged for cash. There is no paperwork. The vendor returns to his table and places the gun on display for sale. (Later in the show, this vendor purchased another shotgun under similar circumstances.)

2. *Arizona State Fairgrounds, Phoenix, AZ; 10 September 2005.* Four young men purchase eight handguns over the course of the day. Their last transaction is observed; they pool their remaining cash to buy two Glock pistols from an unlicensed vendor. No identification or in-state residence status is requested or provided. (This vendor was observed selling two other handguns in the same manner earlier in the show.) As the men leave the show they are observed by two Phoenix Police Department Gang Unit officers, one of whom comments: "They'll just take 'em out on the street and sell 'em."

3. *Reno Convention Center, Reno, NV; 9 October 2005.* A private vendor with 78 long guns on display sells a shotgun for cash. He asks the buyer, "Do you have a Nevada driver's license? As long as you're okay with the law and have a Nevada driver's license, we're fine. I don't have to make a phone call; I'm a private guy." He does not ask to see the license, and the buyer does not produce it. The buyer asks if he can pay by credit card. The vendor responds, "No, we're not a business. We don't do that."

Straw purchases

1. *Arizona State Fairgrounds, Phoenix, AZ; 24 April 2005.* A male in his 30s is observed carrying an assault-type pistol in each hand. He approaches another attendee with a similar pistol and buys that gun for cash without examining it; the transaction lasts less than 1 min. Within 5 min he has purchased high-capacity magazines and cases for the guns, which he identifies to the magazine vendor as a MAC 11 and two TEC 9s. Less than a minute later he bargains with another attendee for a new Romanian AK rifle with two 30-round magazines, but they are unable to agree on a price. A confederate appears; he and the confederate examine an Uzi pistol, then discover that the vendor selling it is a licensed retailer and move on. The purchaser hands one of his guns to the confederate, who leaves the show, while the purchaser continues to shop. Total elapsed time: 12 min.

2. *Ventura County Fairgrounds, Ventura, CA; 28 August 2005.* A man and his female partner are negotiating the purchase of a handgun from a licensed retailer. She has not qualified for the state-required Handgun Safety Certificate (HSC). His may be out of date, and he does not have it with him. This conversation ensues:

Man: So how do I go about buying this gun for her?

Vendor [sharply]: For who?

Man: Oh, Uh, for me.

Vendor: Well, you can buy it now and take the [HSC] test at the store. We can do it that way.

[There is a discussion of the attendees' marital status. If they are married, he could buy the gun and transfer it to her. They are not.]

Vendor: Okay. Whose name is this going to be in?

Man: It's going to be in my name.

Vendor: Fine. We can do that.

3. *Florida Fairgrounds, Tampa, FL; 4 March 2006.* A woman in her 20s is purchasing an SKS rifle with a bayonet and 30-round magazine from a licensed retailer. Her male partner selects the gun, then stands 1.5 feet away while she completes the paperwork, undergoes a background check, and pays for the gun in cash. While waiting for the background check, he talks with the retailer about the gun, the type of case he would need, and proper ammunition. He takes possession of the gun when the transaction is completed and proceeds to buy a case and ammunition for it.