

Developing Emergency, Critical, and Operative Care (ECO) Services in Ethiopia: A Public Health Priority

Adam D. Laytin¹ and Menbeu Sultan^{2*}

The demand for emergency, critical, and operative care far surpasses the current capacity in low- and middle-income countries (LMICs), leading to numerous deaths annually. [1-4] However, historically, emergency, critical, and operative care (ECO) services have been underdeveloped in LMICs due to resource limitations, disease-specific “vertical” initiatives, and misconceptions about the effectiveness and cost of these services in resource-limited settings. [5,6] In response to this unmet need, the World Health Assembly passed Resolution WHA 76.2 in 2023, focusing on integrated ECO services for universal health coverage and protection during health emergencies. [7] The resolution was motivated by an understanding that it is essential to develop ECO services to meet a population’s health needs in a timely fashion, including both acute illnesses and injuries on an individual level and emergency events such as epidemics, natural disasters, and mass casualty events on a population level. The COVID-19 pandemic highlighted the consequences of inadequate ECO capacity, resulting in avoidable mortality and morbidity worldwide. [8]

Resolution WHA 76.2 calls on Member States to promote integrated ECO service delivery that spans the continuum from the community to health centers and primary care clinics to hospitals to ensure timely universal access to ECO services for all, improve health system resilience, and ensure public health security. [7] For these efforts to succeed, Member States must create national policies for sustainable funding and effective governance, including ECO services within national packages of services for universal health coverage and safeguarding ECO services during disasters and in fragile settings and conflict-affected areas. [7]

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1. JH University USA
2. St. Paul’s Hospital Millennium Medical College, Addis Ababa, Ethiopia
Correspondence: Menbeu Sultan
email: smenbeu@yahoo.com
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Efforts to build ECO service capacity in LMICs can be structured using the World Health Organization Health Systems Framework—which describes health systems using six core components, including 1) service delivery, 2) health workforce, 3) health information systems, 4) access to essential medicines, 5) financing and 6) leadership/governance.^[9]

Ethiopia, being the second most populous country in Africa, has a high burden of critical illnesses from emergency conditions, while access to care is extremely limited.^[10] The country should take the new resolution as an opportunity to make EOC service a priority agenda to improve care and save human life.

Conflict of Interest

The author declares there is no conflict of interest.

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