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for Emergency Medicine

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Submission to the Australian Government Department of Foreign Affairs and Trade: New International Development Policy

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1. Introduction

The Australasian College for Emergency Medicine (ACEM, the College) warmly welcomes the opportunity to provide comment to the Australian Department of Foreign Affairs and Trade's (DFAT) New International Development Policy that will shape our approach to international development and humanitarian response in the coming years.

ACEM is responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand. As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest possible standard of medical care is provided for all patients presenting to emergency departments (EDs), regardless of location.

Our experience in both Australia and abroad makes ACEM is uniquely placed to comment on the essential role of emergency care. The College has a long history of cooperation with emergency healthcare workers globally and has been involved in emergency care development, training, research and education within low- and middle-income countries (LMICs) for over 20 years. ACEM's commitment to improving capacity to deliver safe and effective emergency care, primarily in the Indo-Pacific region, via locally led development initiatives is delivered by formal partnership agreements between ACEM and key organisations, including Fiji National University (FNU), University of Papua New Guinea (UPNG), Mongolian National University of Medical Sciences (MNUMS), Myanmar Ministry of Health Services (MoHS), Secretariat of the Pacific Community (SPC), Solomon Islands Ministry of Health and Medical Services (MHMS), and the Vanuatu Ministry of Health.

Global Emergency Care integrates emergency care with the field of global health. It emphasises the transnational aspects of disease and healthcare, the synthesis of public health and clinical care, and the pursuit of equity across populations. Global emergency care practice incorporates clinical service provision, capacity building and health systems strengthening for time-sensitive healthcare. It includes development activities as well as aspects of disaster health, humanitarian assistance and surge response.

ACEM is not a humanitarian response agency; however, the College acknowledges the overlap between humanitarian and development activities in complex and protracted crises. This work is distinct from emergency care team responses during surge events such as those deliver by the Australian Medical Assistance Team (AUSMAT). The length, scale and complicated nature of emergencies often require a shift from reactive short-term response to more sustainable, long-term responses and investment in systems development — ACEM's area of expertise.

2. Recommendations

ACEM is recommending the New International Development Policy has increased focus and investment in the development of emergency care.

Although great strides in the pursuit of health have been made across the Indo-Pacific, the region remains vulnerable to the health impacts of climate change, natural disasters, and disease outbreaks. The ability of health systems in the Indo-Pacific region to respond safely and effectively to the COVID-19 pandemic was severely restricted because of under-developed, limited, and sometimes absent emergency care systems. Despite repeated and well-received emergency responses from Australia to the Indo-Pacific region in the immediate aftermath of climatic disasters or outbreaks, there have been few long-term aid or development investments in building robust emergency care systems.

As noted by the World Health Assembly (2019) resolution 72.16 (*Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured*), emergency medicine is an essential component of a well-functioning health system, providing 'an integrated platform for delivering accessible, quality and time-sensitive health care services for acute illness and injury'. This resolution notes that member states should both establish dedicated areas for emergency services and care with appropriate equipment and capacity for management and diagnosis and provide dedicated training in the management of emergency conditions.

As such, strengthening emergency preparedness and response should be a regional health priority. An effective emergency care system is central to preparing for and responding to health emergencies. When emergency care systems become paralysed or collapse entirely, both direct and indirect mortality increase considerably. An estimated 54% of deaths in LMICs could be prevented by improved emergency care accessibility and quality.

Australia has a proud history of supporting people affected by crises and has been a steadfast supporter of disaster-affected countries around the world. As the global humanitarian landscape changes, Australia must realign its approach to long-term sustainable solutions that commit to supporting locally led humanitarian response.

The development of a new international development policy provides a critical opportunity to consider the growing impact of climate change and planetary stress and how critical emergency care systems will be for meeting the health challenges of the future.

In making this submission, ACEM asserts that investment into emergency care systems is one of the most significant and high-value offerings that Australia can make to low- and middle-income countries. Investment in rapid emergency care systems development will protect emergency care providers, support the delivery of effective care for patients, build resilient health systems and contribute to the attainment of Universal Health Care (UHC) in the region. This encapsulates both public health and system building, which together can significantly reduce the burden of disease and support healthy, sustainable growth.

Drawing on current global challenges and opportunities and the experiences of front-line care providers across the Indo-Pacific Region this submission provides recommendations on both health systems investment and humanitarian aspects of Australia's international development policy. It is recommended that is submission be read in conjunction with the ACEM and SPC-led, World Health Organization-funded *The Lancet Regional Health – Western Pacific*, the Pacific Emergency Care Series. The series provides in-depth insight into the substantial gaps in emergency care capabilities and poor integration with health emergency response plans. They further provide a blueprint for closing these gaps in emergency care preparedness and response to rapidly mobilise key personnel, material, and organisational resources to manage future health emergencies in the Indo-Pacific region.

For the purposes of this submission, we have emphasised those gaps the College considers most relevant for Australia's New International Development Policy and provide recommendations with a focus on putting sustainable and inclusive development at the centre of the new policy; delivering on localisation commitments and promoting local ownership of all development activities; elevating the role of local clinicians in development cooperation for system strengthening and humanitarian assistance; increasing the

Overseas Development Assistance Budget in line with the demand; and need for emergency care system development for the attainment of UHC.

ACEM provides the following recommendations for the policy in alignment with agreed upon principles of a human rights-based approach to emergency care[1]:

2.1 Recommendation 1: Investment in human resources for emergency care

- Human resources must be available in sufficient quantities within the country to manage the population's needs, including appropriately trained personnel and sufficient coverage for emergency units, prehospital and facilities.[2]
- There is a global health workforce shortage, and a critical need for regional partnerships to develop clinical workforce capacity and efficient training pipelines with a focus on educating, training, supporting, mentoring and advancing the emergency care workforce.
- Further to this, it is crucial to train and support leadership within the health workforce. Gender considerations must be a factor into such programming. Women represent the vast majority of clinical patient-facing health care worker (HCW) roles globally (approx. 90%), and around 70% overall of the health workforce, yet represented in a tiny proportion of leadership roles overall[3].
- ACEM encourages the Australian Government to consider increased opportunities and streamlining pathways into clinical and educational opportunities in Australia for colleagues from the Indo-Pacific region. Diplomatic (visas, complex processes) and practical barriers (access to healthcare, housing and work) are preventing accessibility to these fundamental opportunities for continuing professional development and strengthening regional relationships.

2.2 Recommendation 2: Investment in emergency care system development

- Health facilities, goods and services must be distributed in such a way as to be accessible to everyone without discrimination. This is dependent on coordinated systems that allow patients experiencing acute illness or injury to arrive at a facility that has the necessary capabilities to stabilise the patient or offer definitive care[4]. Key considerations include coverage in rural and underserved areas, and protection of vulnerable populations (e.g. minorities, indigenous populations, children, pregnant women, refugees and immigrants) to ensure equal access to care.
- It is highly recommended that the Australian Government use the development of a new international development policy to apply lessons learned through the COVID-19 pandemic to ongoing health and emergency care systems strengthening initiatives. The pandemic has highlighted the essential contribution of emergency care to integrated and robust health systems as well as gaps in service provision. This should drive reforms and improvements determined through systematic assessment of current capability, with a focus on the essential "building blocks" for effective emergency care systems.
- Appropriate priority should be given to maintaining essential services and routine care to minimise indirect effects and unintended consequences associated with public health emergencies. As this work is distinct from emergency care team responses during surge events. Greater integration with AUSMAT team is recommended to develop collaborative strategies to support the transition of investments and assets into long term sustainable solutions. A prime example of this is the ACEM AUSMAT partnership in Papua New Guinea to

[1] Burkholder, TW., Hill, K., & Calvello Hynes, EJ. Developing emergency care systems: a human rights-based approach. *Bulletin of the* World Health Organization [internet], 2019 *97*(9): 612–619. Available form: https://doi.org/10.2471/BLT.18.226605
[2] Brolan C, Korver S, Phillips G, et al. Lessons from the frontline: the COVID-19 pandemic emergency care experience from a human resource perspective in the Pacific region. Lancet Reg Health – West Pac [internet]. 2021. Available from: https://doi.org/10.1016/j.lanwpc.2022.100514
[3] Delivered by women, led by men: A gender and equity analysis of the global health and social workforce. Geneva: World Health Organization [internet]. 2019 (Human Resources for Health Observer Series No. 24).
[4] Mitchell R, O'Reilly G, Herron L, et al. Lessons from the frontline: the value of emergency care processes and data to pandemic responses across the Pacific region. Lancet Reg Health – West Pac [internet]. 2021. Available from: https://doi.org/10.1016/j.lanwpc.2022.100515

support the implementation of the integrated interagency triage tool at Port Moresby General Hospital during a pandemic surge.

2.3 Recommendation 3: Integration of clinical care/services with public health and policy initiatives within the overarching health system

- As highlighted in *The Lancet Regional Health – Western Pacific* (the Pacific Emergency Care Series), the health systems that responded most effectively to the COVID-19 challenge were those where clinicians were fully integrated alongside public health and policy makers to inform and support whole-of-health systems.
- It is highly recommended that the Australian Government prioritise health systems capacity development. There is an overwhelming need to shift from siloed activity to integrated and broad-based approaches that address the nexus between, and the interdependence of, public health and clinical care. The integration of emergency care with other regional priorities including non-communicable diseases, HIV/AIDS, tuberculosis, planetary and one-Health integration, surveillance and lab services, will be essential to achieving health systems strengthening.
- Investment to strengthen and build resilient health systems has been shown to support substantive strides toward achieving UHC and improving national and global health security. This approach further supports the implementation of the International Health Regulations (2005), components in health systems and those in other sectors for effective management of health emergencies, while maintaining the continuity of essential health services throughout.[5,6,7]

2.4 Recommendation 4: Locally- led and participatory development

- Health facilities and services should be respectful of medical ethics and culturally appropriate to the local context. This requires improving emergency care systems that takes account of local customs and needs by encouraging community participation.
- It is recommended that the Australian Government commit to promoting locally-led development through new ways of working, partnerships, removing barriers to participation and investing in capacity strengthening of local organisations.
- In this phase of international policy development, it is essential that emergency care leaders and frontline clinicians are included in taskforces and working groups focussed on the clinical decision-making and operational responses during public health emergencies and involved in post-pandemic reviews and future planning.
- Regional HCW colleagues have many strengths, and one of the College roles has been to elevate and amplify the voices of our international colleagues so they can share their strengths and lessons from COVID across the region. The College recommends the prioritization of 'South-to-South' or majority world learning opportunities. During the early period of the COVID-19 pandemic ACEM has demonstrated the value of regional resource sharing and networks that have enabled regional gatherings (in-person and on-line) that has facilitated mutual learning between PICTs and across the Indo-Pacific and the development of key regional resources such as Managing COVID-19 across the Indo-Pacific - A guide for emergency departments with limited resources.

2.5 Recommendation 5: Championing a regional standards-focus

- Emergency care must be delivered with a focus on quality, which necessitates establishing standards and resource-appropriate best practices, as well as measuring outcomes to ensure quality is met. Tracking progress against regional standards developed by

[5] Health systems for health security: a framework for developing capacities for International Health Regulations, and components in health systems and other sectors that work in synergy to meet the demands imposed by health emergencies. Geneva: World Health Organization [internet], 2021.
[6] Kluge H, Martin-Moreno JM, Emiroglu N, Rodier G, Kelley E, Vujnovic M, et al. Strengthening global health security by embedding the International Health Regulations requirements into national health systems. BMJ Global Health [Internet]. 2018: 20 (3). Available from: 10.1136/bmjgh-2017-000656
[7] Erondu NA, Martin J, Marten R, Ooms G, Yates R, Heymann DL. Building the case for embedding global health security into universal health coverage: a proposal for a unified health system that includes public health. Lancet. 2018: 392(10156):1482–6.

partnerships by the Pacific Community (SPC) and ACEM will be essential to determine priority actions for the region and ensure minimum standards for resilient health systems are met.[8]

- ACEM is pleased to also be contributing to consultations regarding the establishment of the Australian Centre for Disease Control (CDC) and understands there is interest in incorporating a regional focus. We strongly encourage DFAT to work collaboratively with the CDC in these efforts and maximise the opportunity for strong standards and interventions in disease control. It is recommended that the Australian Government explore opportunities for the development of regional repository of evidence-based resources and educational, learning materials and tools that can be used to drive and maintain clinical standards (including for Continuing Medical Education and other curriculum, educational and protocol / guideline development).

Thank you for the opportunity to provide comment on this important policy. ACEM welcomes the opportunity to discuss in further details example of impactful programs and activities. Should you wish to discuss the content of this submission please contact Jesse Dean, General Manager, Policy & Regional Engagement (jesse.dean@acem.org.au or 0423 251 383).

Yours sincerely,

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[8] Phillips, Georgina et al. Emergency care status, priorities and standards for the Pacific region: A multiphase survey and consensus process across 17 different Pacific Island Countries and Territories. The Lancet Regional Health – Western Pacific [Internet]. 2020: 1. Available from: https://doi.org/10.1016/j.lanwpc.2020.100002