# Internship
# at
# World Health Organization Headquarter Geneva, Switzerland

**Submitted By**
**Shruti Chaturvedi**

**MBA Hospital & Health Management**
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**Jaipur**
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## Introduction

WHO began when its Constitution came into force on 7 April 1948 – a date WHO celebrates every year as World Health Day. WHO is having now more than 7000 people working in 150 country offices, in 6 regional offices and at our headquarters in Geneva.

## Constitution of the World Health Organization: Principles

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
- The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.
- The achievement of any State in the promotion and protection of health is of value to all.
- Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger.
- Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.
- The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.
- Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.
- Governments have a responsibility for the health of their peoples, which can be fulfilled only by the provision of adequate health and social measures.

The **WHO Programme for Emergency and Essential Surgical Care (EESC)** is dedicated to strengthening health systems, achieving universal health coverage, and ensuring the safety and efficacy of clinical procedures in Anaesthesia, Surgery, Orthopaedics, and Obstetrics.

## Vision of WHO Emergency and Essential Surgical Care:

WHO EESC vision is universal access to high quality and safe emergency and essential surgical services.

## Mission of WHO Emergency and Essential Surgical Care:

WHO EESC mission is to work with other WHO departments and global multidisciplinary partners to:

- Support the development and adoption of evidence-based policies and plans towards strengthening surgical services.
- Set norms and standards for surgical care.
- Strengthen education and training programmes to improve anaesthesia and surgical services.
- Build capacity for safe and high quality surgical care at all levels; and Monitor the progress and impact of our strategies in reducing global surgical burden.

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**Organization Profile**

WHO is the directing and coordinating authority on international health within the United Nations' system:

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- Setting norms and standards and promoting and monitoring their implementation;
- Articulating ethical and evidence-based policy options;
- Providing technical support, catalysing change, and building sustainable institutional capacity; and
- Monitoring the health situation and assessing health trends.

Leadership priorities

For each 6-year programme of work priority areas are identified where our leadership is most needed.

## Areas of Work:

### 1. Health systems

WHO's priority in the area of health systems is moving towards universal health coverage. WHO works together with policy-makers, global health partners, civil society, academia and the private sector to support countries to develop, implement and monitor solid national health plans. In addition, WHO supports countries to assure the availability of equitable integrated people-centred health services at an affordable price; facilitate access to affordable, safe and effective health technologies; and to strengthen health information systems and evidence-based policy-making.

### 2. Non-communicable diseases

Non communicable diseases (NCDs), including heart disease, stroke, cancer, diabetes and chronic lung disease, and mental health conditions - together with violence and injuries - are collectively responsible for more than 70% of all deaths worldwide. Eight out of 10 of these deaths occur in low- and middle-income countries. The consequences of these diseases reach beyond the health sector and solutions require more than a system that prevents and treats disease.

### 3. Promoting health through the life-course

Promoting good health through the life-course cuts across all work done by WHO, and takes into account the need to address environment risks and social determinants of health, as well as gender, equity and human rights. The work in this biennium has a crucial focus on finishing the agenda of the Millennium Development Goals and reducing disparities between and within countries.

### 4. Communicable diseases

WHO is working with countries to increase and sustain access to prevention, treatment and care for HIV, tuberculosis, malaria and neglected tropical diseases and to reduce vaccine-preventable diseases. MDG 6 (combat HIV/AIDS, malaria and other diseases) has driven remarkable progress but much work remains.

Preparedness, surveillance and response

During emergencies, WHO's operational role includes leading and coordinating the health response in support of countries, undertaking risk assessments, identifying priorities and setting strategies, providing critical technical guidance, supplies and financial resources as well as monitoring the health situation. WHO also

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helps countries to strengthen their national core capacities for emergency risk management to prevent, prepare for, respond to, and recover from emergencies due to any hazard that pose a threat to human health security.

**5. Corporate services**

Corporate services provide the enabling functions, tools and resources that makes all of this work possible. For example, corporate services encompasses governing bodies convening Member States for policymaking, the legal team advising during the development of international treaties, communications staff helping disseminate health information, human resources bringing in some of the world's best public health experts or building services providing the space and the tools for around 7000 staff to perform their work in 1 of WHO's more than 150 offices.

**Services Provided by WHO Emergency and Essential Surgical Care Program:**

As there many challenges to Surgical Care such as mentioned below.

1. Injuries

Injuries and trauma alone are responsible for the deaths of more than 5 million people each year. Every day accidents result in manageable injuries like fractures and lacerations; however, due to a lack of resources or timely access to surgical care, people are left permanently disfigured or disabled. Consequently, they are unable to find work and to provide for their families. This leads to the perpetuation of a cycle of poverty, as a great share of the limited resources of the family is dedicated towards caring for caring for the disabled one.

2. Cancer

Cancer is one of the world's leading causes of morbidity and mortality. It is projected to increase by 70% in the next 20 year. Simple biopsy procedures can diagnose cancers early. Surgery can also remove disfiguring tumours and be curative for certain cancers.

3. Disaster and Emergencies

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4. Infectious Diseases

Antibiotics alone are not always effective in treating infections. Simple and timely surgical procedures can prevent worsening of the infection and the resulting complications. For example, an abscess, which is a collection of pus in the skin, requires surgical drainage in order to be properly cured. In diabetes, a small foot wound can develop into a deep infection of the bone that can progress into a life-threatening condition without surgical intervention.

5. Pregnancy related complications

More than 289,000 million women die each year from pregnancy related complications. 11% of deaths in children under 5 years of age are due to complications at birth. Maternal and childhood death in the developing world can be readily decreased with access to timely caesarean sections and other emergency surgical care.

6. Congenital Anomalies

These are all conditions in which treatment with conventional medicine is inadequate, and surgical intervention is essential. They account for 11% of the Global Burden of Disease, with lower and middle

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income countries (LMIC) carrying the majority of the burden. More than 200 million surgeries are performed every year but only 3.5% of these are delivered to the world's poorest population.

**Areas of work**

The WHO Emergency and Essential Surgical Care (EESC) program is dedicated to providing life-saving surgical care to meet the need in areas of the world where the burden is high, access is low, and the disparity is great.

Surgical care is inaccessible to several billion people around the world. Many developing countries still lack the infrastructure, supplies and trained personnel to perform essential surgical procedures. In rural sub-Saharan Africa, on average, there is 1 surgeon per 2.5 million people and 1 trained anesthesiologist per 8.9 million people.
If local health care practitioners in developing countries possessed adequate surgical knowledge and equipment, countless lives could be saved and long-term disabilities could be prevented

Hence the areas of work are as mentioned below:

**1**. **Injuries**
The optimal management of injury starts at the first-referral health facility. The WHO EESC program works to strengthen EES delivery at the first-referral facility level.

**2. Infectious Diseases**
The surgical workforce at the first-referral health facility in Africa faces high HIV transmission risk. The WHO EESC program works to improve the safety of performing clinical procedures.

**3. Cancer**
Simple procedures at the first-referral health facility allow early detection and referral of cancer patients. The WHO EESC program works to increase early detection of cancer in low- and middle-income countries.

**4. Pregnancy related complications**
One-third of all pregnancy-related complications can be treated with surgery. The WHO EESC program works to improve maternal healthcare delivery in district and sub-district health facilities.

**5. Disaster and Emergencies**
Timely access to emergency surgical care in humanitarian crisis is important to reduce death and disability. The WHO EESC program works with partners to provide guidance for disaster preparedness and response.

**6. Congenital Anomalies**
50% of congenital anomalies can be treated with surgery. The WHO EESC Program promotes investment into cost-effective and disability-preventive measures of treatment

To cope up with all the challenges and improve the conditions in areas of work, WHO has formed Global initiative for Emergency and Essential Surgical Care (GIEESC)

**WHO Global Initiative for Emergency and Essential Surgical Care**

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The WHO Global Initiative for Emergency and Essential Surgical Care (GIEESC) was established in December 2005. This global forum convenes multidisciplinary stakeholders representing health professionals, public health experts, health authorities, academia, leaders of education and training programs, NGOs, civil and professional societies, local and international organizations. WHO GIEESC includes more than 1800 members from 130 countries interested in collaborations towards reducing death and disability from injuries, pregnancy-related complications, congenital anomalies, disasters, and other surgical conditions in low-and middle-income countries.

**Department Worked:**

I worked in **Service Delivery and Safety Department (SDS)** under guidance of Dr Edward Kelly (Director of Department), Dr Hernan (Coordinator for all the program running under Service Delivery and Safety Department) and Dr Meena Cherrian (Lead, Emergency and Essential Surgical Care).

I worked for Strengthening Emergency and Essential Surgical Care for universal access; the main goal of the program is timely and safe access to all ages of people, whether rich or poor.

I worked for Patient for Patient Safety Program also, where I worked for Patient communication tool to make patients aware of various general and basic questions that they need to ask when they underwent any surgical procedure.

**Methodology:**

The WHO EESC program ensures the universal and safe and timely access to surgery in all the conditions where surgery is needed by all possible methods. To promote universal access to Surgery WHO EESC program is adopting lot of tools such as

1. **Flyers:**

WHO EESC Flyer contains all the information about the program in brief, what areas it wants to serve.

# *Universal access to emergency and essential surgical care… …reach the unreached*

World Health Organization

**Timely access to surgical care saves lives and prevents disability.**


Surgical and Anaesthesia Services

## Emergency and Essential Surgical Care Programme

Ensuring the safety and efficacy of clinical procedures in anaesthesia, surgery, orthopaedics and obstetrics

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**2. WHO Integrated Management for Emergency and Essential Surgical care (IMEESC) toolkit**
it is the e-learning platform, with the help of which, any surgeons, or health worker sitting in any location can upgrade his/her knowledge using WHO standard tools.
All the information is available in the website below:
**http://who.int/surgery/publications/imeesc/en/**

**3. Surgical Care at District Hospitals**
A book has been launched by WHO stating all the standards and procedures need to be followed in the district hospitals.

**http://who.int/surgery/publications/en/SCDH.pdf?ua=1**

4. **WHO Emergency and Essential Surgical Care (EESC) Short Film**
WHO EESC has made a short film to promote surgery with the help of Mission of Zambia and other NGOs. It will be presented in the 68th World Health Assembly(WHA) in Geneva, Switzerland.