Meeting of WHO & State Ministry of Health Meghalaya, India on Emergency & Essential Surgical Care (EESC)

17-25 August, 2011

Shillong, Meghalaya, India
Background

Meghalaya is located in the northeastern part of India, bound by the state of Assam in the north and bordered by Bangladesh in the west and south. Its geography is marked by rugged terrains and mountains that is challenging for health services extension to the remote villages. There are 11 districts, with Shillong as the capital in East Khasi Hills district. The population of Meghalaya is about 2.96 million.

Meghalaya’s health structure comprises of hospitals (tertiary, district, and sub-district) as the highest order of care, community health centers (CHCs), primary health centers (PHCs), and sub-health centers and dispensaries as the lowest order of care. As of 2010, there are 9 functional hospitals, 28 functional CHCs, 108 functional PHCs, and 401 functional sub-health centers in Meghalaya. Sub-district hospitals are important first referral sites for CHCs. CHCs constitute a secondary level of health care and are designed to provide referral as well as specialist health care to the rural population of approximately 80,000 in Meghalaya. The government recognizes that these CHCs have limited capacity due to the lack of specialists and appropriate facilities. There is an estimated 2.5 allopathic doctors per 10,000 in the state.

Objectives

- Introduction of the WHO EESC program and application of WHO IMEESC toolkit to improve quality of district surgical services in Meghalaya
- Incorporation of the WHO IMEESC toolkit in the trauma and disaster management training

A letter of invitation was received from State Ministry of Health, Meghalaya to EESC/CPR/WHO for this mission. The Meghalaya Government in collaboration with the Rajiv Gandhi Indian Institute of Management and the WHO Global Initiative for Emergency & Essential Surgical Care (GIEESIC) members organized field visit, meetings, seminar, and workshop.
Meeting Discussions

Field visit included district hospitals and emergency ambulance centre.

1. Meeting on Emergency & Essential Surgical Care was held with the Chief Minister Meghalaya, director health service Meghalaya, director Meghalaya National Rural Health Mission (NRHM), director IIM Meghalaya and directors of hospitals. The application of the WHO IMEESC toolkit was presented to guide development of policies, gap analysis research for evidence-based decision making and implementation of best practices at various levels of health care facilities in Meghalaya.

2. Global Seminar on Disaster Management which included presentation and discussions on the WHO GIEESC and the WHO Emergency Surgical Care in Disaster Situation (part of the WHO IMEESC toolkit). At the opening session of the seminar, greetings from the Minister of Health, Ministry of Health & Family Welfare (MoH & FW), India Dr. G.N. Azad and Director General Health Services, MoH & FW, Dr. R.K Srivastava, was conveyed and the WHO acknowledged. The Chief Minister Dr. M. Sangma launched the WHO IMEESC toolkit. He highlighted the ‘unmet surgical need’ (includes trauma and obstetrics) in Meghalaya and emergency preparedness in disasters at district hospitals and community health centres.

3. There were presentations by experts from the National Institute of Disaster Management Delhi, the UNDP on its Role in Disaster Management, Delhi, the Role of Army in Disaster Management, the Disaster Risk Management program of Meghalaya and Disaster Preparedness tool, Australia, System Response: East Japan Earthquake Disaster, Japan. The participants represented all the North-Eastern States, West Bengal, Madhya Pradesh, Uttar Pradesh, Tamil Nadu states of India.

4. Workshop on Comprehensive Trauma Life Support which included faculty from India, Australia and Japan. The WHO IMEESC toolkit were incorporated in the teaching tools of the workshop and disseminated to all 132 participants, representing all the North-Eastern states, West Bengal, Madhya Pradesh, Uttar Pradesh, Tamil Nadu states of India.

5. Discussions were held under the leadership of Chief Minister Dr. Sangma including focal persons in the Health Department and relevant national programs, Meghalaya NRHM, on strategies towards strengthening district surgical services in Meghalaya. In Meghalaya, Emergency Ambulance services with 15 ambulances were established to cover initially the districts of East Khasi Hills and West Khasi Hills and currently extended to all the seven districts with 37 ambulances.

Recommendations/Follow-up action points
The meeting resulted in recommendations to prepare a draft action plan with establishment of a Technical Working Group, in collaboration with existing state programs and WHO-MoH India, towards strengthening district and sub-district surgical services.

Recommendations included the following action points:

1. Technical Working Group on EESC to be established by the health department Meghalaya, representing relevant national programs (NRHM, disaster), institutions, hospitals, and health providers (surgeon, anesthesiologist, obstetrician, nursing).
2. Action plan will be developed by the Technical Working Group in Meghalaya to:
   a. perform gap analysis on the situation of surgical (emergency, anesthesia, obstetrics, trauma) services of all district hospitals, community health centers and some PHCs
   b. identify districts for focusing on improving life-saving and disability-preventative interventions in injuries, pregnancy-related complications and other surgical conditions at district and sub-district level health facilities
   c. utilizing the WHO planning tool to prepare strategies for improving district surgical services towards strengthening district health systems
3. The WHO Situation analysis tool to assess EESC will be sent by state MoH through WHO/India to CPR/HDS/WHO/Geneva for data analysis and provide a report for the WHO-MoH, India
4. CPR/HDS/WHO/Geneva to assist WHO-MoH, in strengthening policies for improving quality of district surgical (including anesthesia, trauma and obstetrics) services in Meghalaya.

Acknowledgements

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- National Institute of Disaster Management & UNDP Delhi
- GVK Emergency Management and Research Institute
- Disaster Risk Management program, Meghalaya
- Directors of hospitals, Meghalaya
- Faculty from India, Australia and Japan for Disaster Management and Comprehensive Trauma Life Support
- WHO India