



WFSA
WORLD FEDERATION OF SOCIETIES OF
ANAESTHESIOLOGISTS

Agenda Item 10 -Update Report Reaffirming commitment to health systems strengthening for universal health coverage, better outcomes and reduced health inequalities Progress report

Written Statement by World Federation of Societies of Anaesthesiologists

The World Federation of Societies of Anaesthesiologists (WFSA) is the largest global anaesthetic network, representing over 500,000 anaesthesiologists in 133 countries, 40 of which are from Europe. We work with the WHO and other organisations towards universal access to safe anaesthesia.

WFSA welcomes the progress made by member states to realize Universal Health Coverage (UHC) through an integrated primary health care approach.

A primary healthcare approach to universal health coverage must include emergency and critical care services provided without delay, the delivery of basic anaesthesia, surgical, obstetric, and trauma care at first-level hospitals and health centres, and robust systems for referral and transport when more complex or specialized perioperative services are needed.

WHO continues to be very clear on the centrality and need to engage with anaesthesiologists as a means way to implement a primary health care approach to UHC. This is evidenced by both Resolution WHA68.15 which identified anaesthesia and surgery as essential components of UHC and by WHA76.2 which emphasized the need to integrate emergency, critical care and operative services including anaesthesia as being key to the primary health care approach.

Successful integration of these services with primary health care brings them closer to the populations that need them. The sooner people can access care the better (and less costly) the health outcomes. It also enables clinical providers to combine efforts, resources, and expertise.

Sadly we risk not realising our UHC ambitions due to the chronic and lasting inequalities that patients in different parts of the continent face when trying to access safe and affordable anaesthesia and surgery. These inequalities of access mirror inequalities in both the prioritisation and investment in vital anaesthesia services and workforces across Europe.

These inequalities are well illustrated by the experiences of Europe's anaesthesia workforce and their reactions to those inequalities.

We are seeing significant brain drain of anaesthesia professionals migrating from low resource to high resource settings in pursuit of work. This has unbalanced Europe's workforce map resulting in overstretched and under-resourced workforces in southern and eastern Europe and bloated workforces in northern and western European countries.



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Anaesthesia workforce shortages have been further exacerbated by investment-strapped health services increasingly looking to save money by reducing administrative staff. This has had the knock on effect of taking anaesthesia professionals away from their clinical work and patients to complete administrative duties.

As the workload increases and the number of available anaesthesiologists drop, more and more countries are looking to compensate for this shortfall by shortening and fast tracking their anaesthesia education and training programmes. This results in undertrained and ill prepared anaesthesia professionals with lower clinical standards which ultimately reduces patient safety.

We must vigorously fight these attempts to water down the expertise and clinical focus of our anaesthesia professionals.

There is an growing need to align anaesthesia education across Europe. Approaches such as the well-established European Diploma in Anaesthesiology and Intensive Care and European Training Requirements ETR in Anaesthesiology provide countries with an approved and assured standard of anaesthesia expertise and patient care.

For European member states to realise a patient-focused continuity of care as outlined in the United Action for Better Health in Europe workplan there is an urgent need to develop, implement and integrate national policy and financing frameworks that will sustainably strengthen vital anaesthesia services.

WFSA calls on European member states to:

1. Need to embed national surgical, obstetric and anaesthesia plans into integrated national health plans and strategies.
2. Engage with anaesthesiologists in the development of integrated primary health care programmes and initiatives.
3. Address chronic workforce deficiencies through investment in approved continued medical education programmes.