



Australasian College  
for Emergency Medicine

## **Pacific BEC Course Implementation Strategy**



Prepared by ACEM on behalf of the Pacific Regional BEC Course Steering Group

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# Pacific BEC Course Implementation Strategy

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# Pacific BEC Course Implementation Strategy

## 1. Introduction

### 1.1 Background

The [Basic Emergency Care \(BEC\) course](#) was developed by the World Health Organization (WHO), International Committee of the Red Cross (ICRC) and International Federation for Emergency Medicine (IFEM). It is a free, standardised, open-access educational tool for clinicians providing emergency care training in low-resource settings and aims to support the delivery of timely, quality emergency care across the globe. The course covers essential topics such as airway, breathing, circulation, disability and exposure, as well as specific presentations including trauma, dyspnoea and altered mental status. It is delivered through interactive lectures, case scenarios, skills stations and simulations.

With the prominent support of the WHO Director General (Dr Tedros Adhanom Ghebreyesus) and WHO Chief Nursing Officer (Dr Amelia Latu Afuhaamango Tuipulotu), the WHO launched the [25x25 Emergency Care Saves Lives Campaign](#) in 2023. This campaign aims to improve access to BEC training for nurses and midwives, assisting 25 countries to scale up access to BEC courses from 2025 to 2030. This initiative and the BEC course in general, received strong support from delegates at the Pacific Heads of Nursing and Midwifery Meeting in Nadi, Fiji in 2023.

The BEC course has been implemented broadly across Africa, Asia, Europe, South America and the Middle East, however, roll out in Pacific Island Countries and Territories (PICTs) has been slower and more limited till 2025.

### 1.2 Pacific regional BEC course steering group

The Pacific Regional BEC Course Steering Group (SG) consists of key stakeholders that have a shared motivation and vision to effectively upscale the implementation of BEC course training to EC clinicians across PICTs. This will include collaboratively addressing the barriers impacting the BEC course implementation such as geography, workforce constraints, lack of registered trainers, including both registered facilitators and master trainers, and an absence of a regional body for emergency care who can act as a certifying organisation, and the need for consistent mechanism for accessible, sustainable and quality delivery of BEC courses in the region.

The SG meeting initially met in January 2025 with the Australasian College for Emergency Medicine (ACEM) acting as the secretariat and established that it would provide strategic direction for the implementation of BEC course training to clinicians in PICTs through the Pacific BEC Course Implementation Strategy.

The key stakeholders involved in the SG include:

- Alfred Health (AH)
- Australasian College for Emergency Medicine (ACEM)
- International Committee of the Red Cross (ICRC)
- Medecins Sans Frontieres (MSF)
- Monash University WHO Collaborating Centre for Injury Prevention, represented through the School of Public Health & Preventive Medicine
- National Critical Care Trauma Response Centre (NCCTRC)
- National St John Ambulance Papua New Guinea (NStJA)
- Pacific Community (SPC)
- Pacific Island Society for Emergency Care (PISEC)
- Papua New Guinea Society for Emergency Medicine (PNGSEM)
- Regional Emergency and Critical Care Systems Strengthening Initiative (RECSI)
- WHO (Emergency care)
- WHO Chief Nurse's Office

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- WHO Collaborating Centre at the University of Technology Sydney (WHOC CUTS)
- WHO Country Office for Papua New Guinea
- WHO Division of Pacific Technical Support
- WHO Western Pacific Regional Office (WPRO)

These stakeholders as well as individuals involved in emergency care training across the region have contributed to the development of this Pacific BEC Course Implementation Strategy and the subsequent Action Plan. This document will be released by ACEM as the secretariat on behalf of the SG.

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## 2. Guiding principles

In keeping with the philosophy of locally led development, the SG stakeholders aim to align themselves with and be guided by the following collective guiding principles:

- Collaboration and partnership
  - As one of the first inter-agency groups of stakeholders focussed on BEC implementation, the foundation of this steering group should be centred around meaningful participation, partnerships and relationships.
  - Provide an open forum for all stakeholders to learn from and with one another around utilising the BEC course as an instrument for improving emergency care, developing a vision for the upscaling of this course in our region and work in a coordinated manner.
  - Promote bidirectional and mutually beneficial partnerships.
- Locally driven and owned
  - All BEC courses and proposed activities relating to BEC in the Pacific region should be guided by local priorities and needs in alignment with national health and development priorities of the PICTs.
  - Focus on empowering local health facilities and authorities to deliver BEC course training to upskill the local EC workforce using locally trained BEC course facilitators.
- Sustainable
  - BEC should be seen as a vehicle to focus on training and education that increases local capacity of clinicians working in emergency care and strengthens local health systems.
  - Effective implementation of BEC course training needs to ensure ongoing capacity development and empowerment of the Pacific region, PICTs and their health facilities and communities to provide BEC training to their EC workers on an ongoing basis.
- Accessible
  - Commit to maximising the accessibility of BEC course training to all EC workers in PICTs and to those organisations and facilitators who aim to deliver this training.
  - Ensuring accessibility to all BEC course resources including:
    - training resources
    - human resources (including adequately certified facilitators)
    - systems that support accessibility to BEC course content and materials for those who are delivering training
  - Recognition of the diverse needs of the PICTs and their EC workforces and being mindful of potential range of barriers that impact accessing and undertaking BEC course training by all EC workforces and their facilities.
- Enhance diversity, equity and inclusion
  - This steering group aims to be fully supportive and inclusive of the needs and perspectives of the diverse range of countries in terms of geography and population, EC workforce cadre and people in terms of gender and disability.
  - Prioritise and promote equity in terms of gender, cadre and geography to encourage sustainable and equitable access to BEC course facilitators and training, thereby aiming to deliver the BEC course in a sustainable manner and avoid traditional hierarchical models.

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## 3. Goal and objectives

The Pacific BEC course implementation strategy aims to facilitate locally led and sustainable access to and delivery of BEC course training to frontline clinicians across the Pacific region, utilising the BEC course as a vehicle to improve universal health care coverage.

This goal will be achieved by addressing the following the objectives:

- Access to certified BEC course facilitators and trainers who have embarked on the WHO/IFEM facilitator pathway and are available to deliver BEC course training
- Promote the training and upskilling of nurses, especially as BEC course facilitators and master trainers, recognising that nurses act as the main healthcare providers providing frontline emergency care
- Empower local level PICT BEC course coordinators and/or sponsoring organisations to organise and facilitate the delivery of BEC courses and ensure an ongoing inter-agency mapping exercise of BEC courses in the region.
- Access to responsive BEC course certification via regional BEC course certifying organisations
- BEC course facilitators/trainers and course coordinators to have access to user-friendly, up-to-date, locally contextualised BEC course resources that fit with local needs and enable effective delivery of the BEC courses
- Support and streamline resourcing required for locally led and ongoing sustainable delivery of BEC course training to frontline clinicians
- Health facilities and Ministries of Health recognise the value of BEC training and support clinicians, especially nurses, to undertake BEC course training and support the sustained delivery of BEC courses in local contexts
- Embrace good practice and establish an evaluative learning and continuous improvement approach in the delivery, ongoing contextualisation of BEC course models and support of BEC course training in the Pacific region.

## 4. Strategic priorities

The Pacific BEC Implementation strategy approach is outlined in terms of key strategic priorities. These strategic priorities are to be addressed through the 'Pacific BEC Implementation Action Plan', which will be a dynamic plan managed by the SG that will accompany this strategy.

The key strategic priorities are:

1. Ongoing BEC course stakeholder collaboration, alignment and engagement to facilitate and empower locally led and sustainable BEC course implementation across PICTs
2. Increasing BEC course facilitators in PICTs
3. Streamline BEC governance structure and systems to enable and improve accessibility to BEC course materials, certification and trainers resulting in effective delivery of BEC courses
4. Contextualising of BEC course training resources and the delivery process ensuring ongoing sustainability and relevance for PICTs
5. Support and enable implementation of BEC course training for nurses to strengthen quality emergency care delivery and to build resilient health systems

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## Strategic priority 1:

### Ongoing BEC course stakeholder collaboration, alignment and engagement to facilitate and empower locally led and sustainable BEC course implementation across PICTs

#### Issue:

As there are many global, regional and country level stakeholders involved with the implementation of BEC course training across the Pacific region, an effective coordinated approach needs to be established. This SG is in a position to demonstrate leadership, provide advocacy and ensure constructive governance that supports and empowers locally led and sustainable BEC course implementation across PICTs.

#### Target:

Streamlined, user-friendly and accessible BEC governance systems and structures that allow all PICTs and stakeholders to independently implement BEC course training.

#### Focus areas:

1. Effective collaboration, alignment and engagement between all stakeholders to provide leadership and advocacy at a regional level to support and resource the PICTs to establish sustainable BEC course training programs for their frontline clinicians.
2. Alignment with key global and regional strategies and priorities, including:
  - WHO-Pacific Multi-Country Cooperation Strategy, which highlights the need for collaborative efforts to address the health challenges in the Pacific and leverage expertise, resources and financial support. Through inter-organisational collaboration, the benefits of collective action in global emergency care can be realised
  - WHA Resolution 76.2: Integrated Emergency, Critical and Operative (ECO) Care which outlines the importance of integration of emergency, critical and operative (ECO) care for universal health coverage and protection from health emergencies. ECO care comprises an integral part of a comprehensive primary health care approach and is essential to ensure people's health needs. The BEC course aims to fit within this ECO-system model of care and the implementation of this course in PICTs endorses practitioners from a variety of disciplines who are involved in emergency care
  - WHO [25x25 Emergency Care Saves Lives Campaign](#)
3. Provide oversight and evaluation on the implementation of the Pacific BEC Course implementation Strategy via its Monitoring Evaluation Learning (MEL) plan and integration of the learnings.

## Strategic priority 2:

### Increasing BEC course facilitators in PICTs

#### Issue:

At the start of 2025, there were not enough master trainers and facilitators across PNG and Pacific. The lack of facilitators and master trainers restricts access to the BEC course training program and is a rate limiting barrier to rolling out the BEC course training program across PICTs. Also, organisations wanting to run BEC courses need to be able to access BEC course facilitators to deliver their BEC course training.

#### Target:

At least 2 master trainers in every PICT by end of 2026

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## Focus areas:

1. Rapid scaling up of the number of BEC trainers in PICTs through targeted BEC courses training interventions across the Pacific
2. Advocate for BEC trainer pathway and certification guidelines to be more accessible and flexible in order to support a greater number of clinicians undertaking and meeting trainer certification requirements, whilst simultaneously ensuring quality of teaching standards (refer to Priority 4.3)
3. Maximise collaboration from all relevant stakeholders to support country specific BEC implementation

## Strategic priority 3:

### **Streamline BEC governance structure and systems to enable and improve accessibility to BEC course materials, certification and trainers resulting in effective delivery of BEC courses**

#### Issue:

The BEC course governance structure and systems can hinder accessibility to the BEC course and therefore delivery in the Pacific.

#### Target:

Functional BEC governance structures and systems that enable local BEC course coordinators/sponsoring organizations to easily plan and deliver certified BEC courses within a feasible time frame.

## Focus areas:

1. Updating and ongoing harmonisation of BEC course certification guidelines between WHO, ICRC, and IFEM
2. Readily accessible BEC course certifying organisations and processes in the region
3. Database of providers and trainers for the region (or globally) with mechanism allowing sponsoring and certifying organizations to locate and access trainers to run courses and provide verification
4. Establish systems that allow trainers to have reliable and timely access to updated BEC course materials, with feedback mechanisms to improve the resources and contextualisation.

## Strategic priority 4:

### **Contextualising of BEC course training resources and the delivery process ensuring ongoing sustainability and relevance for PICTs**

#### Issue:

The current BEC course model, including training resources and the delivery process, must aim to meet the needs of all PICTs. Current issues include: EC trainers and course organizers lack access to updated BEC course materials; course content is not specific for PICTs and could benefit from some contextualisation, including incorporating relevant toxicology; feedback mechanisms are not standardized; and implementation of BEC courses is expensive and requires external funding support. Also language barriers hinder accessibility of the BEC course resources and delivery.

#### Targets:

BEC courses are being delivered by local stakeholders independently without external funding.  
BEC courses are accessible and delivered within all interested PICTs.  
BEC courses integrate additional country relevant educational content.

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## Focus areas:

1. Establish Pacific BEC Course models (includes training resources and implementation process) for all types of BEC course training programs in the region, which are readily accessed and maintained (Link to Action 3.4)
2. Embrace a continuous improvement culture to keep BEC course models and resources in PICTs up to date, require minimal funding and relevant.

## Strategic priority 5:

### **Support and enable implementation of BEC course training for nurses to strengthen quality emergency care delivery and to build resilient health systems**

#### Issue:

The BEC course training program is specifically aimed at teaching basic emergency care skills to emergency clinicians and other first responders. Nurses comprise the majority of the healthcare workforce across the Pacific, including in the ECO speciality areas. Many nurses have no specialised emergency care training and there is limited opportunity for continuing education for nurses in the region. The delivery of BEC courses provides an opportunity for emergency care providers to have a standardised set of skills, share a common language, and participate in hands-on training that is suitable for limited resource environments and designed to champion nurses and midwives. It will strengthen the resilience of health systems and quality of emergency care delivered.

This strategy is supportive of the WHO 25x25 Basic Emergency Care Saves Lives Campaign that aims to improve access to BEC training for nurses and midwives, assisting 25 countries to scale up access to BEC courses from 2025 to 2030, with a view to achieving critical program targets selected by the country. The campaign's goals are to support nurses and midwives to strengthen quality emergency care delivery and thus build resilient health systems to make progress toward universal health coverage (UHC).

#### Targets:

Ensure there are nursing BEC course facilitators trained to deliver BEC courses with at least one nursing master trainer in all PICTs  
All emergency care and frontline nurses can access and complete BEC course training through their nursing training, workplace or health authority/ministry of health.

#### Focus areas:

1. BEC courses become integrated into nursing training and facility/health authority upskilling programs
2. There is collective encouragement of and buy-in for nurses to become facilitators and master trainers
3. Recognition that nurses potentially encounter different challenges and have specific needs with accessibility when undertaking BEC course training (such as access to technology and internet, level of support from facilities, variable language skills etc.) that are to be addressed and integrated into the BEC course delivery process
4. Empowerment and support of nurse facilitators and trainers to deliver BEC course training.

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## 5. Glossary

Acronym	Full name
ACEM	Australasian College for Emergency Medicine
AH	Alfred Health
BEC	Basic Emergency Care course
DFAT	Department of Foreign Affairs and Trade
ECO	Emergency, Critical and Operative Care
FNU	Fiji National University
ICRC	International Committee of the Red Cross and Red Crescent
IFEM	International Federation of Emergency Medicine
MEL	Monitoring, learning and evaluation
NSJA	National St John's Ambulance Papua New Guinea
PICT	Pacific Island Countries and Territories
PISEC	Pacific Island Society of Emergency Care
PHR	Partnerships for a Health Region
PNGSEM	Papua New Guinea Society of Emergency Medicine
RECSI	Regional Emergency and Critical Care Strengthening Initiative
SPC	The Pacific Community
UPNG	University of Papua New Guinea
WHO	World Health Organisation
WHOCUTS	World Health Organisation Collaborating Centre at the University of Technology Sydney
WPRO	World Health Organisation Western Pacific Office