

WHO Medical Devices April 2020, 2nd Newsletter

Dear colleagues,

Please find below information on various **new publications**: on **Cervical Cancer**, **blood pressure measurement** and **Priority medical devices for COVID**

While COVID happens, still the other health services have to provide support diagnostics and treatment to patients with important non communicable diseases as the ones listed below:

1. Cervical Cancer elimination

Cervical cancer is the fourth most common cancer in women. In 2018, an estimated 570 000 women were diagnosed with cervical cancer worldwide and about 311 000 women died from the disease.

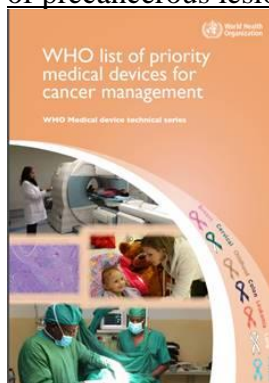
Effective primary (HPV vaccination) and secondary prevention approaches (screening for, and treating precancerous lesions) will prevent most cervical cancer cases.

General information on Cervical Cancer can be found [here](#).

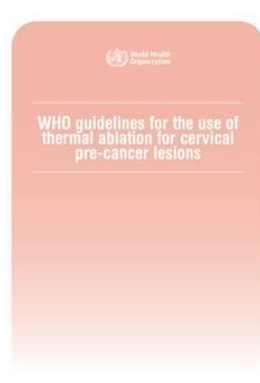
Previous publications: 2017: [List of priority medical devices for cancer management](#), Russian translation available since 2019, French in process...

2019: new [Guidelines for use of thermal ablation](#) ;

NEW! April 2020: [Technical guidance and specifications for screening and treatment of precancerous lesions](#)

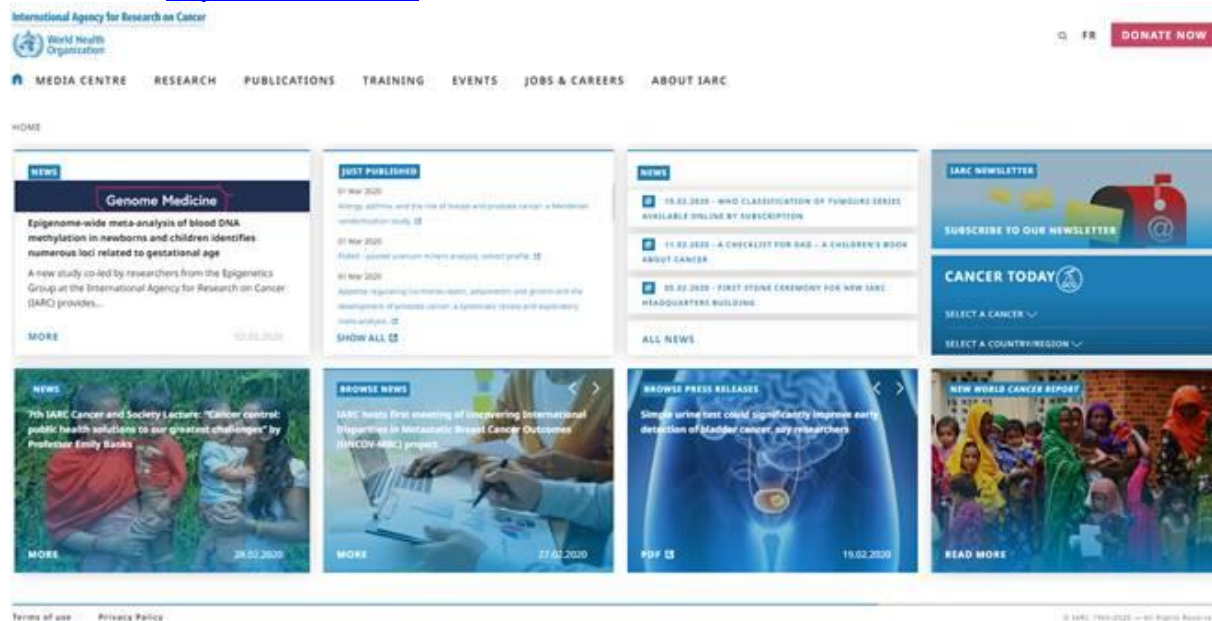


NEW BOOK 2019



NEW BOOK!!! April 2020

Important complementary information is published by :
The International Agency for Research in Cancer (IARC), which presents new publications on cancer: <https://www.iarc.fr/>



and training material: <https://learning.iarc.fr/edp/> ie. for colposcopy:

The [WHO Executive Board recommends](#) to the 73rd World Health Assembly the adoption of the draft Global Strategy to accelerate the elimination of cervical cancer as a public health problem, and urges its implementation

2. Blood pressure measurement

Hypertension is a serious medical condition that significantly increases the risk of heart attack, stroke, kidney failure and blindness. It is one of the leading causes of premature death worldwide.

Of the estimated 1.13 billion people who have hypertension, fewer than 1 in 5 have it under control.

WHO has developed and just published today guidance on how to measure blood pressure and technical specifications for blood pressure measuring devices, who are essential to control hypertension .

Remember that patients with non-communicable diseases, as hypertension, are more likely to to develop complications of COVID, therefore it is very important to measure blood pressure with validated good quality devices.



Download here:

[Technical specifications for automated non-invasive blood pressure measuring devices with cuff](#)

[More information on cardiovascular and hypertension,](#)



3. Priority medical devices for COVID management

WHO has developed the **Priority Medical Devices for COVID**, Guidance on oxygen use, catalogue of critical items, all can be found in

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/covid-19-critical-items>

A screenshot of a WHO website page. On the left is a navigation menu with a blue header "Essential resource planning" and several menu items: "Unity Studies: Early Investigation Protocols", "Case management", "National laboratories", "Surveillance, rapid response teams, and case investigation", "Infection prevention and control", "Points of entry and mass gatherings", "Naming the coronavirus disease (COVID-19) and the virus that causes it", and "Risk communication and community engagement". The main content area has a title "Emergency global supply chain system catalogue" followed by a paragraph and a link. Below that is "List of Priority Medical Devices for COVID-19 Case Management" with a paragraph and a link. Then "Oxygen sources and distribution for COVID-19 treatment centres" with a paragraph and a link. Finally, "COVID-19 Critical Items" with a paragraph and a link.

Priority Medical Devices in the context of COVID-19
A. Medical Devices for Case Management

Objective

The list of priority medical devices in the context of COVID-19 provides descriptions for the management of patients with severe acute respiratory infection (SARI) when a COVID-19 virus infection is suspected at different levels of health care provision. The first level, for outpatients, second level includes general hospitals and laboratories, and third level, includes specialized hospitals with intensive care units and SARI units. The techniques listed are for the interventions and should be adapted to the health care workforce, infrastructure and technological resources available.

Target Audience

This document is recommended to support decision-making regarding the allocation and use of medical devices in the context of COVID-19 and is intended for healthcare providers, managers of SARI Units, procurement and regulatory agencies and Ministries of Health. It is recommended to involve Biomedical Engineer in the selection and verification of availability of the equipment and ensure training of health care workforce.

Considerations

- * An assessment of the health facility is required prior to choosing equipment from the list in order to have a fully functional unit. For more details consult the technical specifications per equipment.
- * Accessories and consumables for starting operation are not envisaged in this list. They should be provided with the purchase of the equipment for at least 3 months of operation.
- * Extended warranty of at least one year and additional spare parts for maintenance should be also requested, according to the health care capacity.

Note: Training is indispensable for invasive ventilation.

Table 1. Medical Devices for Case Management of severe and critical patients by health facility level.

Type	Medical Purpose	Remarks	Medical Device Generic Name	Triage	Treatment of severe patients	Treatment of critical patients	1st Level	2nd Level	3rd Level	
Medical Equipment	Monitoring	Option 1 - Desirable	Infrared thermometer Pulse oximeter - portable/handheld, with cables and sensor	X	X	X	-	+	+	
		Option 2	Pulse oximeter - fingertip	X	X	X	-	+	+	
		Option 3	Pulse oximeter - table top, with cables and sensor		X			+	+	
	Oxygen therapy - Oxygen source to be selected according to capability of the health facility (i.e. power supply, pipeline oxygen network)	Option 1 - Desirable	It is recommended that the device provides at least 10 L/min for adult patient. It is recommended that the device has electrical protection (power surge).	Patient monitor, multiparametric, including SpO ₂ , non-invasive blood pressure (NIBP), oxygen saturation (SpO ₂), respiratory rate (RR), temperature (TBM), with sensors and cables		X	X	+	+	+
		Option 2	It is recommended that the device provides at least 10 L/min for adult patient. It is recommended that the device has electrical protection (power surge).	Medical monitor, multiparametric, including SpO ₂ , RR, respiratory rate (RR) with sensors and cables, (without SpO ₂)		X	X	+	+	+
	Airway Management and Intubation	Option 1 - To be chosen by the clinician.	Same, labeling and connectors are, according to international regulations. Detailed support accessories.	Medical gas cylinder, portable, for oxygen, fitted with a valve and a pressure and flow regulator		X	X	+	+	+
		Option 2 - To be chosen by the clinician according to training skills and infrastructure capabilities.		Laryngoscope, P ₃₀ diameter 23 mm, with blades		X		+	+	
	Mechanical Ventilation - Invasive ventilation requires trained staff to be performed.	Option 1 - Most of ICU ventilators work with high pressure inlet gases (air and oxygen). Preferable that the device has internal air compressor.		Videolaryngoscope, with blades and accessories		X		+	+	
		Option 2 - Transport or Mass-casualty: suitable when there is no wall pipe oxygen. Subject to be chosen by the clinician.		Patient ventilator, intensive care, for adult and paediatric, with breathing circuits and patient interface		X				+
	Non-invasive Ventilation - Clinical decision according to the management of patient; generated accessible require a special protective equipment measures, to minimize the risk of contagion.	Option 1 - The use of helmet or nasal mask are preferable to reduce the dead space generated as consequence of improper face sealing.		Patient ventilator, transport, for adult and paediatric, with breathing circuits and patient interface		X		+	+	
		Option 2 - The use of helmet or nasal mask are preferable to reduce the dead space generated as consequence of improper face sealing.		CPAP ¹ , with tubing and patient interfaces for adult and paediatric, with accessories		X			+	+
			Option 1 - The use of helmet or nasal mask are preferable to reduce the dead space generated as consequence of improper face sealing.	CPAP ¹ , with tubing and patient interfaces for adult and paediatric, with accessories		X			+	+
		Option 2 - The use of helmet or nasal mask are preferable to reduce the dead space generated as consequence of improper face sealing.	CPAP ¹ , with tubing and patient interfaces for adult and paediatric, with accessories		X			+	+	

other important COVID related links:

WHO Emergency Use Listing (EUL) for in vitro diagnostics.

https://www.who.int/diagnostics_laboratory/EUL/en/

Clinical Management of patients

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management>

For manufacturers: WHO is conducting an high-level market and risk assessment for respiratory equipment.

[link to participate in the survey.](#)

4. WHO requires expert consultant to support COVID-19 actions in Geneva

Requirements: Biomedical/Clinical engineer, with postgraduate studies and more than 7 years expertise on selection, procurement, evaluation, regulation and use of medical equipment used in ICU, and hospital areas.

ONLY IF you comply with requirements, are interested and available for 3 months to 6 months, as full time consultant, in WHO HQ, in Geneva, Switzerland. please send 1

page CV by Sunday 19th April, 2020 to medicaldevices@who.int. along with the check list below and 2 references.

Please mark with following check list.

Please, do not send CV if you do not comply with all requirements, please

Required studies:

Biomedical or clinical engineer or similar, with postgraduate degree.

Required Expertise:

- More than 7 years expertise in clinical settings, managing medical devices. Including selection, description, procurement, compliance to regulatory approvals, maintenance, training and safe use of medical equipment in health facilities.
- Knowledge of public procurement process
- Knowledge of review of technical specifications, standards,

Desirable:

- To have worked in Ministry of Health, Non governmental organization for support to low and middle income countries, UN agencies, or public hospitals.

Terms of reference:

- Compile and integrate the technical specifications for the medical devices used for COVID for external consultation or review with experts.
- Compile, analyze and integrate the information from other UN agencies, Non governmental organizations, regulatory agencies and funding partners related to medical devices for COVID
- Consolidate information on users training, maintenance, decommissioning and re-use for essential medical devices for COVID.
- Organize the information on technical specifications, assessments, reviews, analysis, to be discussed with OSL and other WHO departments,
- Compile evidence and collate reviews from external experts and integrate input on innovative technologies to support the clinical management of COVID

As the request is as a consultant that can work from HQ , it is important to read the [Conditions of consultants](#). Note: As consultant, the professional is not a WHO staff, is an external consultant working in HQ office in Geneva.

More information from Swiss government: <https://www.eda.admin.ch/missions/mission-onu-geneve/en/home/manual-regime-privileges-and-immunities/introduction/Manuel-personnes-sans-privileges-et-immunites-carte-H/Non%20fonctionnaires%20et%20stagiaires.html>

Interview of short listed, will be 20th and 21st April 2020.

Thank you very much
PLEASE STAY SAFE!!