Essential surgery is a priority for achieving UHC and SDGs in Africa

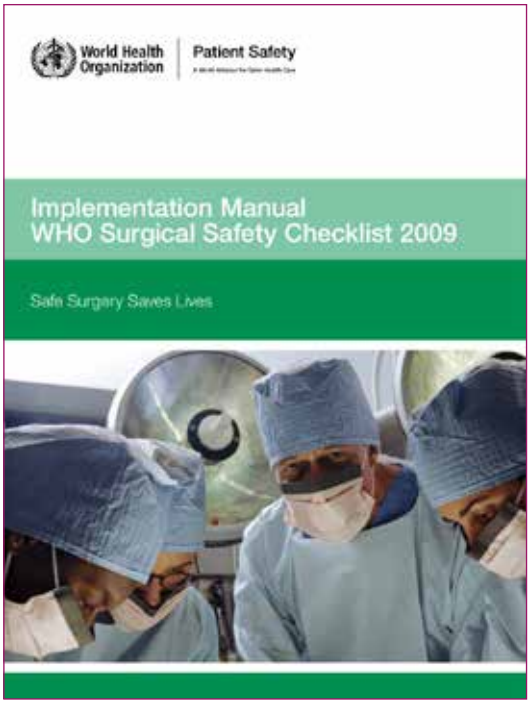
Surgery, anesthesia and obstetrics have gained global recognition as essential to UHC and the SDGs. Francis Omaswa discusses the implications

'Imagine a toddler who has inhaled a peanut, a young woman in obstructed labour, a young man with a ruptured spleen, an old lady with a strangulated inguinal hernia and an old man with retention of urine. All of them will die unless operated upon urgently. Indeed emergency surgery is the primary treatment for many conditions. To talk about primary health care yet exclude surgery is negligent'.[1] These were the opening words in the invitation to the Symposium convened in Nyeri, Kenya by the Association of Surgeons of East Africa (ASEA) in 1985 titled 'Surgery in Africa in the year 2000'. The Association of Surgeons of East Africa has a long tradition of promoting essential surgery for rural populations in the region.

In 1980 ASEA had held a Symposium in Mombasa, Kenya, titled 'Surgery in East Africa: Technology and Training' which resolved to test various technologies and approaches that led to the launch in 1982 of the Ngora Hospital Project. The objective was to use this rural hospital for demonstration and learning 'as a place where a set of surgical procedures are performed competently and efficiently, near the patients home … in well thought out simple surroundings'.[2] Dr. Halfdan Mahler, then Director General of WHO sent a message of support to the ASEA Mombasa Symposium. He had earlier in an address to the International College of Surgeons in Mexico , June 1980,[3] articulated the place of Surgery in the Alma Ata Declaration on Health for All of 1978.

The ASEA, learning from the West African College of Surgeons and with support from the Royal College of Surgeons in Edinburgh, launched the College of Surgeons of East, Central and Southern Africa (COSECSA) in 1999. COSECSA now leads in promoting access to essential surgical services in the region and is an active partner in the current global movement on Surgery, Obstetrics and Anesthesia. I was personally involved in these ASEA initiatives as Coordinator of the Ngora Hospital Project and Medical Director of this hospital. I advocated for the establishment and was the founding President of the COSECSA.

Alongside the work of the ASEA in East, Central and Southern Africa, the World Health Organization pioneered key interventions such as the establishment of a unit on Technology which coordinated the publication of a textbook on District Surgery under Dr. Ambrose Wasunna, a member of ASEA. This Unit at WHO changed names to the Department of Blood Safety and Clinical Technology (BCT) and later to Essential Health Technology (EHT) and Clinical Procedures (CPR) unit, which created the surgical checklist. The EHT department was responsible for establishing and implementing the first WHO programme in 2004 designated for 'surgery' with Dr. Meena Nathan Cherian as the Lead of the WHO Emergency & Essential Surgical Care programme. Over a 14-year tenure from 2001 to 2015, Dr. Cherian coordinated the development of the WHO manual on Surgical Care at the District Hospital in 2003 which was launched at the ASEA conference Uganda 2003. It was translated in five languages (French, Mongolian, Korean, Dari, Farsi) and a low-cost Asian edition.



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She established the first WHO Global Initiative for Emergency and Surgical Care: a global forum of multidisciplinary stakeholders and ministries of health for collaborations and partnerships in 2005. The following documents were developed to support evidence-based policies, best practices and advocacy: (i) WHO Integrated Management of Emergency & Essential Surgical Care toolkit, (ii) WHO Emergency and Trauma Care training modules e-learning tool for frontline health providers, (iii) Patient Information for Surgical Safety, decision-making tool for surgical management in the context of Ebola, (iv) the first WHO Global Database

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Indicator name	Target
Access to timely essential surgery A minimum of 80% coverage of essential surgical and anesthesia services per country by 2030 Specialist surgical workforce density	100% of countries with at least 20 surgical, anaesthesia and obstetric physicians per 100 000 population by 2030
Surgical volume	80% of countries by 2020 and 100% of countries by 2030 tracking surgical volume; A minimum of 5 000 procedures per 100 000 population by 2030
Perioperative mortality rate (POMR)	80% of countries by 2020 and 100% of countries by 2030 tracking POMR; In 2020, evaluate global data and set national targets for 2030
Protection against impoverishing expenditure	100% protection against impoverishment from out of pocket payments for surgical and anaesthesia care by 2030
Protection against catastrophic expenditure	100% protection against catastrophic expenditure from out of pocket payments for surgical and anaesthesia care by 2030

on Surgical and anesthesia Services, (v) WHO Global Surgical Workforce Database and (vi) WHO Situation Analysis Tool (SAT) resulting in several single country and multi-country assessment research papers including authorship of Ministries of Health.

It was this WHO Unit that prepared the first comprehensive EB report on Strengthening Emergency & Essential Surgical Care and Anesthesia in the context of UHC, following its inclusion in the 2014 May WHO EB Agenda and supported the negotiation and the adoption of the first World Health Assembly Resolution 68/15 on Strengthening Emergency & Essential Surgical Care and Anesthesia in the context of Universal Health Coverage May 2015. Additional momentum on this journey was provided by Jim Kim and Paul Farmer in their paper Surgery and global health; view from beyond the OR[4] and further inspired by key events in 2015 namely; the report of The Lancet Commission on Global Surgery,[5] the World Bank 3rd volume on surgery and the UN General Assembly adoption of the SDGs[6] that included indicators and targets 3.8 on surgery, obstetrics and anesthesia.

To advance the advocacy and to build capacity at country level for this agenda, a global movement has grown under the banner; The Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (The G4 Alliance) which is committed to advocating for the neglected surgical patients and is driven by a mission to provide a collective voice for increased access to safe, essential, and timely surgical, obstetric, trauma, and anaesthesia care as part of universal health coverage.

According to WHO, five billion people lack access to timely, safe and affordable surgical care which results in preventable death and disability from surgical conditions in road accidents, childbirth, birth defects, cancer, diabetes, tropical diseases, infections, and in humanitarian crisis.[7] This calls for an urgent action to raise awareness on integration of safe surgical care health systems into primary health care.

The good news is that the international community is now working to create a climate of opinion that will facilitate investments to enable access to essential surgery, obstetric and anesthesia services as an integral component for UHC where no one will be left behind. This global effort is real as exemplified by the inclusion of core indicators and targets for monitoring progress towards universal access to safe, affordable surgical, obstetric and anaesthesia care when needed by every person in every village everywhere in the world. Below is the table of the SDG core indicators and targets on access to surgery.

African countries through their governments and the G4 Alliance are in the process of operationalising the WHO Resolution 68.15. WHO is required to report every three years on progress by member states. Ethiopia, Zambia and Tanzania have already developed National Surgical, Obstetric, and Anaesthesia Strategic Plans over five year time lines. Other countries are encouraged to launch and implement similar plans after due consultations.

This agenda has gained recognition as an integral component of UHC. Advocacy is needed in each country for the development and investments in these plans. Professional Associations of doctors, nurses, midwives and other health professionals could team up with CSOs and political leaders to lobby governments to launch and implement comprehensive Strategic Plans on Surgical, Obstetric and Anaesthesia with a view to achieving UHC and leaving no one with surgical conditions without care.

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