

THET POSITION PAPER GLOBAL SURGERY AND ANAESTHESIA

This paper is part of THET's Position Paper series, which aims at illustrating THET's effort to coordinate and stream line our thinking on key thematic issues. This will guide our programme design ensuring that we are offering the right solutions to the most pertinent issues in each country we work in.

Each theme has been chosen because we think they are often neglected by both the development and global health sectors.

GLOBAL NEED

Global Surgery is defined by the Lancet Commission on Global Surgery as
“Universal access to safe, affordable surgical and anaesthesia care when needed”
and adequately characterises THET’s own vision of
“A world where everyone has access to healthcare”.

As many as five billion people lack access to basic surgical services worldwide, with only 6% of all operations being delivered to the world’s poorest populations. In 2010 it is estimated that there were 16.9 million preventable deaths arising from conditions needing surgical care.

Marginalised populations suffer the most due to a lack of trained health workers, inadequate infrastructure, out of pocket healthcare costs and a lack of prioritisation of surgical, obstetric, trauma and anaesthesia care as part of national health plans, and more widely, the global health agenda.

Global surgery and anaesthesia has a crucial role to play in fulfilling the Sustainable Development Goals (SDGs), and achieving [Universal Health Coverage](#) (UHC). The introduction of both a [World Health Organization Resolution](#) recognising the importance of Surgical Care and Anaesthesia as part of UHC and the SDGs and the publication of the Lancet Commission on Global Surgery is a watershed. There has never been a more appropriate time to examine the part that THET and the Health Partnership community can play in addressing the workforce development needs arising from this new focus on surgery and anaesthesia.

The [Lancet Commission on Global Surgery](#) report contained many important key messages, including:

- 143 million additional surgical procedures are needed each year to save lives and prevent disability;
- 33 million individuals face catastrophic health expenditure due to payment for surgery and anaesthesia each year;
- Investment in surgical and anaesthesia services is affordable, saves lives, and promotes economic growth.

There is also a compelling argument related to the economic drain that doing nothing will bring about. The Lancet Commission on Global Surgery reported as follows:

“If LMICs were to scale-up surgical services at an annual rate of 9% (a rate previously achieved by Mongolia, a high-performing country) to reach a surgical volume target of 5,000 procedures per 100,000 population, the total cost by 2030 would be approximately \$420 billion. Although this financial cost of surgical expansion is significant, the cost of inaction on national incomes is much greater. The lost output (total GDP losses) will cost LMICs a total of \$12.3 trillion dollars, reducing annual GDP growth as much as 2%.”

Further, personal and family economies, especially in LMICs, are disrupted by what the World Bank and WHO term catastrophic health expenditure. Again, from the Lancet Commission report:

“Protection against catastrophic out-of-pocket payments for health care is a critical component to ensuring affordable access to essential health services.”

We found that 33 million cases of catastrophic expenditure (direct medical that exceed 10% of total income or 40% of income after basic needs for food and shelter are met) occur annually from the direct medical costs of surgical services, and an additional 48 million cases occur each year when non-medical costs, such as food and transportation expenses, are included. **One quarter of all people who have a surgical procedure will face financial catastrophe as a result of seeking care.”**

OUR STRENGTHS

THET's focus on workforce development in pursuit of the vision of a world where everyone has access to healthcare places us in a strong position to contribute to Global Surgery and Anaesthesia.

THET has experience in supporting 42 surgery and anaesthesia partnership projects across 17 countries since 2010 as well as delivering relevant health systems strengthening programmes through our country offices such as the MMed Anaesthesia programme in Zambia. THET can contribute best to Global Surgery and Anaesthesia through:

- Advocacy for the neglected surgical patient and the arguments for investing much greater resources in Global Surgery and Anaesthesia;
- Continuing to work with the Zambian government in support of their National Plan, and in continuing to strengthen anaesthesia services;
- Continuing to use our position as an NGO in Official Relations with WHO to support the implementation of WHA Resolution 68.15;
- Continuing to support Colleges such as the College of Surgeons of East, Central and Southern Africa (COSECSA) in their efforts to embed surgical training in their regions;
- Continuing to develop our relationships with bodies who have an international focus on the development of Global Surgery and Anaesthesia including the Royal Colleges, the Lifebox Foundation, the World Federation Of Societies Of Anaesthesiologists (WFSA), the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and Johnson & Johnson;
- Identifying opportunities for Health Partnerships to obtain funding for activities related to Global Surgery and Anaesthesia, including through programmes managed by THET;
- Seeking partnership with organisations which prioritise Global Surgery and Anaesthesia such as Safe Surgery 2020 and Jhpiego.

THET'S COMMITMENT

We will ensure that the Global Surgery and Anaesthesia Taskforce becomes operational in order to bring some cohesion to our approach and monitor our activities, and to develop further thinking. One of the Taskforce tasks will be to drill down into some of the statistics around workforce, and also to understand how we can best use our in-country presence to mobilise efforts.

OUR GUIDING PRINCIPLES

We will work according to the following guiding principles:

- Place an emphasis on addressing Global Surgery and Anaesthesia causing high mortality and disability in LMICs;
- Strive for improvements to access for the most vulnerable and underserved populations;
- Place an emphasis on high impact, cost effective interventions;
- Work based on needs identified by local partners and Ministries of Health;
- Share information, knowledge, experience and opportunities with stakeholders and the wider global health community;
- Work within the framework of SDGs 3 (Ensure healthy lives and promote well-being for all at all ages) and 17 (Revitalise the global partnership for sustainable development);
- Work in partnership with similarly motivated organisations, governments, academia and civil society.

We welcome comments and further discussion, please contact Bea Waddingham, Grants Officer:

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