SURGICAL CARE & DEVELOPMENT

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Health as an Investment Commodity

• “A healthy and productive workforce is important for both industrial and economic growth. For without health, labour cannot transform their stock of knowledge into production of goods and services. Improving the health status of labour has been of increasing interest to employers and stakeholders.”

When health fails what happens to development?

- HIV/AIDS in Southern Africa
- Ebola in West Africa
- Yellow fever in Central Africa
The recognition of Health in development
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- Although the 3rd SDG is wholly dedicated to health, **29 health-related targets are spread across 11 of the 17 goals**, underscoring the vital role of health in realizing the SDG’s mission to “leave no one behind.”

- The call for **Universal Health Coverage** (UHC) in SDG target 3.8 is central to the achievement of the health-related sustainable development goals & is emphasised by key global health actors (WHO, World Bank).

- Beyond the SDG 3 focused on health; **health has a clear overarching role** in achieving most SDGs. **But is health being prioritised in all our policies & practice?**
The role of Surgical care in attainment of good Health & wellbeing

Clinical conditions requiring surgical, obstetric, and anaesthesia services amount to **30% of the global disease burden**, yet over **70% of the world’s population – 5 billion people** – lack access to safe, affordable, surgical, obstetric, and anaesthesia care when needed.

**143 million more procedures** needed annually at minimum to offset this disease burden & inequality.

Surgery is an indivisible, indispensable part of health care

Surgical care & current global/National public health policy & programmes

- Non-Communicable Diseases (Injuries, Cancer, Cardiovascular disease)
- Physical Disabilities (Congenital & Acquired)
- Anti-Microbial Resistance,
- Maternal Child Health,
- Emergency Preparedness & Response
- Infectious Disease prevention (Male circumcision & HIV)
- Eye Health,
- Natural disasters & Conflict

Absence of comprehensive surgical health policy addressed by (A68.15/A70.22, NSOAPs)
The role of Surgical care in attainment of good Health & wellbeing

➢ Surgery offers a good and practical option to strengthen the health systems at all levels and in all areas (prevention, Treatment and rehabilitation)

• Is Cross-cutting improving partnerships among health workers and stakeholders

• Results in complementary improvements (Lab, Imaging, Blood Transfusion, Referrals, Health Information Mx, Health Governance, Health Financing, Health Research, HRH, Essential Medicines...)

• District hospital facility focus improves the primary level of healthcare (PHC) bringing health service delivery closer to the people & strengthening links between the community and higher levels of care.
Surgery directly and indirectly contributes to good health outcomes

**Lifecourse Approach**
- Perinatal & infancy
  - e.g. birth asphyxia, gastrochisis
- Childhood
  - e.g. hernia, burns, abscesses
- Adolescence
  - e.g. trauma
- Pregnancy & childbirth
  - e.g. obstructed labour, hemorrhage, eclampsia
- Women's health
  - e.g. reproductive tract neoplasms, genital prolapse, safe abortions
- Men's health
  - e.g. prostatic hypertrophy, hypospadias
- Older people's health
  - e.g. cataract surgery

**Disease Burden Approach**
- Trauma/injury/violence
  - e.g. fractures, burns
- Obstetric complications
  - e.g. PPH, obstetric fistula
- Congenital disease
  - e.g. cleft lip and palate, club foot, ARM
- Neoplastic disease
  - e.g. breast, gastric, colorectal ca
- Infection & sepsis
  - e.g. gangrene, abscess, AMC
- General surgical conditions
  - e.g. appendicitis, renal calculi, hernia, cholecystitis
- Infectious disease sequelae
  - e.g. bladder ca (schistosomiasis), rheumatic valvular disease
- Reproductive health
  - e.g. AMC, malignancy
- Vision & hearing
  - e.g. cataracts

**Level of Care Approach**
- Prevention
  - e.g. AMC for HIV, orchidopexy for undescended testes
- Screening
  - e.g. Post-natal screening for congenital anomalies (hip dysplasia, clubfoot)
- Diagnosis
  - e.g. Tumor biopsy, diagnostic laparoscopy
- Treatment (1°)
  - e.g. incarcerated hernia
- Treatment (2°)
  - e.g. contracture release (leprosy, burns)
- Palliative
  - e.g. stent for obstructed viscous
Surgical care & Development

Global surgery 2030: evidence and solutions for achieving health, welfare, and economic development

The Lancet Commission on Global Surgery

"Universal access to safe, affordable surgical and anaesthesia care when needed."

A Commission by The Lancet

SIXTY-EIGHTH WORLD HEALTH ASSEMBLY

Agenda item 17.1

26 May 2015

Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage

SEVENTIETH WORLD HEALTH ASSEMBLY

Agenda item 16.1

31 May 2017

Progress in the implementation of the 2030 Agenda for Sustainable Development

The Seventieth World Health Assembly, having considered the report on progress in the implementation of the 2030 Agenda for Sustainable Development,\(^1\) decided to request the Director-General to continue to report every two years, as requested in resolution WHA69.11 (2016), on progress in the implementation of the 2030 Agenda for Sustainable Development, including on the strengthening of emergency and essential surgical care and anaesthesia as a component of universal health coverage, as requested in resolution WHA68.15 (2015).

(Tenth plenary meeting, 31 May 2017)
Key points for Member States in the Resolution 68.15

- Extreme Affordability
- West Africa Collaboration Conference: Impacting Health through Innovation

WHA Resolution 68.15

- Develop infrastructure and equipment in district hospitals
- Train appropriate surgical health workforce
- Ensure surgical information management
- Provide essential medicines and medical devices
- Mobilize adequate financial resources for surgical service delivery
- Avoid catastrophic expenditures by citizens on surgical services
- Improve referral systems
How does lack of surgical care retards development?

• **Premature deaths**
  - Robs a family/community and nation of *essential human capital*
  - leaves a partner and children without a parent- *disrupting the family and plunging them into poverty*

• **Quality of life**
  - 33 million Individuals face *catastrophic expenditures* paying for surgery & anaesthesia annually
  - Those who cant pay are Surviving with a *lifetime of morbidity /disability*

• **The loss of ability to make economic contribution**
  - Missed opportunity to *improve human capital*
  - Projected ≈ 2% *GDP loss in LMIC*
Surgical Care saves lives & life is priceless

![Graph showing deaths per year (millions) from HIV/AIDS, TB, and Malaria, Cardiovascular Disease, and Total Surgical Avertable Deaths.]

- HIV/AIDS, TB, and Malaria: 65%
- Cardiovascular Disease: 35%
- Total Surgical Avertable Deaths:

Source: [Link]

08/07/2018

Extreme Affordability-West Africa Collaboration Conference:
Impacting Health through & Innovation

13
25% will experience financial catastrophe
Annual value of lost GDP due to surgical conditions

How does access to surgical care contribute to development?

• For the Individual:
  • Saves Lives
  • Reduce morbidity/disability/associated costs
  • Improves human dignity
  • Increase economic output/contribution

• For the Family:
  • Increase economic output
  • Reduce burden of dependence
  • Reduce poverty
  • Reduce discrimination

• For the Community:
  • Increase economic output
  • Reduce burden of dependence
  • Empowers women

• For the Nation:
  • Health systems strengthening
  • Improves health outcomes,
  • Contributes to human capital,
  • Reduce welfare expenditure,
  • Create employment,
  • Increase tax base,
  • Improves economic output
Cost-effectiveness of surgery in LMICs compared to other public health interventions.
Chao et al 2014
Surgery is Cost-Effective

• Cost of scale up is far less than cost of untreated burden of disease - $350 million vs $12.3 billion until 2030

• Investing in surgery is affordable, cost-effective & promotes economic growth

1. LCoGS Global Surgery 2030: Evidence and solutions for achieving health, welfare, and economic development
2. WBG, DCP3; Essential Surgery
Surgical care directly & indirectly impacts the attainment of SDG Goals & targets

- Although the 3rd SDG is wholly dedicated to health, 29 health-related targets are spread across 11 of the 17 goals, underscoring the vital role of health in realizing the SDG’s mission to “leave no one behind.”
Extreme Affordability-West Africa Collaboration Conference:
Impacting Health through & Innovation
Surgical care will directly impact Targets in SDG Goal 3

- **3.1** Reduce the global maternal mortality ratio.
- **3.2** End preventable deaths of newborns and children under 5 years of age.
- **3.3** End the epidemics of AIDS & other communicable diseases.(Plus AMR)
- **3.4** Reduce premature mortality from NCDs through prevention and treatment and promote mental health and well-being.
- **3.6** Halve No. of global deaths and injuries from RTAs.
- **3.8** Achieve UHC, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

**3.c** Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in LMICs

**3.d** Strengthen the capacity of all countries, in particular LMICs, for early warning, risk reduction and management of national and global health risks
Surgery will be key for the strategic priorities of the WHO from GPW13

Healthier Populations
1 billion more people enjoying better health and well-being

Universal Health Coverage
1 billion more people benefitting from universal health coverage

Health Emergencies
1 billion more people better protected from health emergencies
Surgery is not a disease but a complex, cross-cutting multi-stakeholder health systems program that should not be addressed piecemeal but through well coordinated efforts (NSOAP)
Zambia NSOASP

• Produced with multiple stakeholders
  • Health ministry
  • Surgical Society of Zambia
  • DFID/THET/COSECSA
  • Universities
• Included writing workshop
• Fully costed & budgeted
Zambia’s NSOAP 2017-2021

- **Mission Statement:** To provide equitable access to cost effective, quality health services as close to the family as possible

- **Vision:** A Nation of Healthy and Productive People
  - **Overall Goal:** To improve the health status of people in Zambia in order to contribute to socio-economic development
Monograph

- Case Reports:
  - Zambia
  - Ethiopia
  - Madagascar
  - Uganda
  - South Pacific
  - Viet Nam
  - Brazil
  - India
Current Challenges in surgical care policy development & implementation

- Local inertia on the part of Governments

- Lack of in-country awareness among SOAs

- Lack of local champions within Health Ministries, professional Associations and Academic institutions to coordinate

- Absence of international and local funding commitments for development of NSOAPs and their implementation

- Lack of technical capacity within inter-governmental organisations (WHO, AU, ECSA, SADC, ECOWAS) to support and follow up on political commitments
KEY AREAS OF WORK

- **COORDINATION** – Global, Regional, National, Sub-national
- **POLICY/PLANS & PROGRAME DEVELOPMENT** – Regional Framework, NSOAPs, RSOAPs
- **REPORTING** – Data/statistics, measurement of progress/impact
- **FUNDING** – internal supplemented by external
- **ADVOCACY** – to governments, funding agents, SOAs, the general public
- **RESEARCH & INNOVATION** – especially local/regional with international collaborations
WHO Director-General Halfdan Mahler (1973-1988):

“Social injustice is socially unjust in any field of endeavour, and the world will not tolerate it much longer. So the distribution of surgical resources in countries and throughout the world must come under scrutiny in the same way as any other intellectual, scientific, technical, social or economic commodity. The era of only the best for the few and nothing for the many is drawing to a close.”

Surgery and Health for All
XXII BIENNIAL WORLD CONGRESS OF THE INTERNATIONAL COLLEGE OF SURGEONS
Mexico City, Sunday 29 June, 1980
World Bank Group Director
Dr Jim Yong Kim (2014)

“I urge you to challenge this injustice, and to build a shared vision and strategy for global equity in essential surgical care. You can make the case that surgery is an indivisible, indispensable part of health care”