

SURGICAL CARE SYSTEMS STRENGTHENING

Developing national surgical,
obstetric and anaesthesia plans



PROGRAM IN GLOBAL SURGERY
AND SOCIAL CHANGE
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Halfdan T. Mahler, 1923-2016

This monograph is dedicated to the memory of Halfdan T. Mahler, former Director-General of the World Health Organization. Dr Mahler had an inspiring vision to provide "Health for all". He was the first true advocate for the provision of surgical care for the many, rather than the few. We thank him for his important contribution to improving the health of patients around the world.

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Preface

Clinical conditions requiring surgical, obstetric and anaesthesia services amount to approximately one third of the global disease burden, yet more than two-thirds of the world's population does not have access to safe, timely and affordable surgical and anaesthesia care. In the era of the Sustainable Development Goals (SDGs), this discrepancy is no longer acceptable. To “ensure healthy lives and promote well-being for all at all ages” (SDG 3), surgery must clearly form one of the critical components of public health and universal health coverage.

In 2015, an effort by all WHO Member States led to the unanimous adoption of World Health Assembly resolution 68.15. This resolution calls for a strengthening of emergency and essential surgical and anaesthesia services as a part of universal health coverage. The passing of this resolution sent a clear message: surgery is an indispensable part of health care. Since then, there has been an unprecedented interest within governments, ministries, professional societies, and on-the-ground clinicians to lead efforts to increase surgical, obstetric and anaesthesia care in their countries. These efforts are using facility- and country-level data to drive health policy. Ultimately, they are culminating in the development of national surgical, obstetric and anaesthesia plans, which are critical to ensuring country-wide implementation and scale.

In response to multiple requests, WHO has compiled a modular process algorithm with corresponding process components to enable countries to develop their specific plans. However, each setting requires a plan specifically designed to their immediate context, making every plan unique. To illustrate the variety of possible processes, we have compiled several case studies from a number of countries, each at different stages within their own algorithms. Representatives from these countries have presented the key challenges and tips for other countries pursuing similar efforts. So far, based on the gathered case studies, two principal components seem to favour success: broad, dynamic stakeholder engagement and strong ministry of health leadership.

We hope that this publication serves as a useful roadmap for countries to successfully address the gap of the five billion people around the world who currently lack access to timely, safe, and affordable surgical, obstetric and anaesthesia care.



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Acronyms and abbreviations

ASEAN	Association of Southeast Asian Nations
FMOH	(Ethiopian) Federal Ministry of Health
FRP	financial risk protection
HSDP	(Ethiopian) Health Sector Development Plan
HSTP	(Ethiopian) Health Sector Transformation Plan
LCoGS	Lancet Commission on Global Surgery
LMIC	low- and middle-income country
MDG	Millennium Development Goal
MOH	Ministry of Health
NHPSP	national health policy, strategy and plans
NSOAF	national surgical, obstetric and anaesthesia forum
NSOAP	national surgical, obstetric and anaesthesia plan
PGSSC	Harvard Program in Global Surgery and Social Change
PISA	Pacific Islands Surgical Association
POMR	perioperative mortality rate
RACS	Royal Australasian College of Surgeons
SAO	surgical, anaesthetic and obstetric
SAT	Surgical Assessment Tool
SDG	Sustainable Development Goal

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