University of Eastern Africa Baraton, Kenya

Student assignment – Master's Degree in Global Health Care

Surgical care in Global Health

Inequality in access to surgical care

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Assignment name and/or number:	GHEV623 /assignment #1
Date:	16-02-2017

Reference guidance:

When referring to this document, please indicate the name of the author, publishing year, title of the document and the text: This document is originally published and available at: repository.ueab.ac.ke Accessed: Date.

Document synopsis:

For this assignment I choose the element from the Universal Declaration of Human Rights of adequate medical care. I focus on the right for adequate medical care. This I narrowed down to a part of primary care, the surgical care. Based on the UN Millennium Development Goals and declaration 68.15 of the World Health Assembly there are great disparities' in the availability of safe, affordable surgical and anaesthesia care where needed worldwide. With the use of several publications, this report gives a brief overview of what the current situation is, where the aim is set for the year 2030 and what is needed to get there.

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1 SURGERY IN GLOBAL HEALTH CARE

In May 2015 the World Health Assembly (decision making body of the World Health Organisation) passed the resolution 68.15 which is about strengthening emergency and essential surgical and anaesthesia care as part of universal health coverage (WHO Emergency and essential surgical care, 2015).

The Lancet Commission on Global Surgery published the report "Global Surgery 2030" in 2015. This report was created by a multidisciplinary team, had collaborators from over 110 nations. Not only does it present findings on the state of the surgical care in low-income and middle-income countries, it also gives recommendations and targets needed to achieve universal access to safe care globally (Global Surgery 2030).

2 UNIVERSAL DECLARATION OF HUMAN RIGHTS ARTICLE 25 AND GLOBAL SURGICAL HEALTH CARE

In article 25 of the Universal Declaration of Human Rights is concerning the right to an adequate standard of living (quote):

"1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

2, Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection".(end quote) (Claiming human rights, d.n.k.).

Medical care is part of the requirements of adequate standard of living, according to the Universal Declaration of Human Rights. Then the question is what kind or level of medical care is needed to reach the adequate standard of living and is surgical care a part of this?

In 1980 the Director-General of the World Health Organisation Dr. H. Mahler addressed the 22th Biennial World Congress of the International College of Surgeons with his speech “Surgery and Health for all”.(Dr. H. Mahler.1980)

He presents in his speech that primary health care includes the treatment of common diseases and injuries. Appropriate treatment can be surgical treatment. After this meeting there have been many more conferences. More studies and resolutions have been made. The resolution 68.15 of the World Health Assembly can be seen as a major step forward on the long road in addressing the issues mentioned by Dr. Mahler in 1980.

2.1 How bad is it? Facts and figures

In the study “Global Surgery 2030” five key elements are brought to the attention:

- Five billion people lack access to safe, affordable surgical and anaesthesia care when needed
- 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
- Surgery is an indivisible, indispensable part of health care

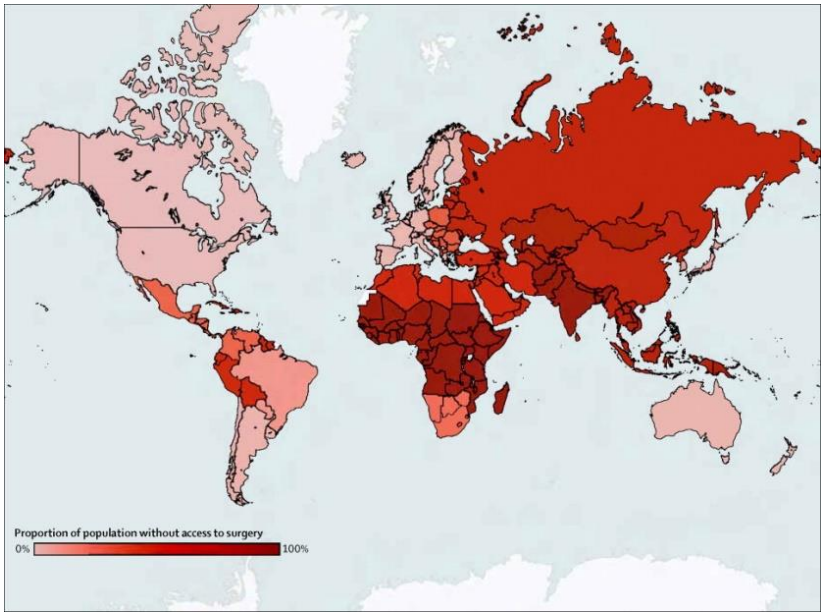


Figure 1. Proportion of the population without access to safe, affordable surgery and anaesthesia by region (Figure taken from The Lancet Volume 3, No. 6, e316–e323, June 2015)

	Total population (millions)	Full tree				Selective tree			
		Population with no access (millions)	95% posterior CI	Proportion with no access	95% posterior CI	Population with no access (millions)	95% posterior CI	Proportion with no access	95% posterior CI
Andean Latin America	57	47	(41–52)	83·1%	72·9–91·7	34	27–42	60·1%	46·9–73·7
Australasia	28	3	(1–4)	9·2%	4·1–15·0	1	0–2	2·3%	0·8–6·9
Caribbean	42	37	(34–40)	88·2%	80·7–93·5	28	25–32	67·0%	58·0–75·8
Central Asia	86	76	(71–80)	88·2%	82·1–93·4	74	70–78	85·9%	81·4–90·0
Central Europe	114	64	(53–74)	56·2%	46·6–64·6	40	34–47	34·9%	29·5–41·3
Central Latin America	246	160	(123–191)	65·0%	49·9–77·8	82	60–112	33·4%	24·2–45·6
Central sub-Saharan Africa	100	100	(100–100)	99·6%	99·1–99·9	99	97–100	98·7%	97·0–99·6
East Asia	1405	1119	(825–1319)	79·6%	58·7–93·8	1052	825–1236	74·8%	58·7–88·0
Eastern Europe	208	165	(135–186)	79·2%	64·9–89·4	145	115–171	69·8%	55·4–81·9
Eastern sub-Saharan Africa	396	394	(385–396)	99·4%	97·2–100·0	392	384–395	99·0%	96·9–99·8
High-income Asia Pacific	183	97	(57–135)	52·8%	31·3–73·9	15	9–30	8·0%	4·7–16·4
High-income North America	351	1	(0–5)	0·2%	0·0–1·5	1	0–5	0·2%	0·0–1·3
North Africa and Middle East	468	366	(335–394)	78·3%	71·5–84·2	287	261–314	61·4%	55·7–67·1
Oceania	10	9	(8–9)	95·6%	87·8–98·7	9	8–9	89·5%	82·2–93·8
South Asia	1650	1636	(1594–1649)	99·1%	96·6–100·0	1608	1540–1642	97·4%	93·3–99·5
Southeast Asia	632	576	(547–599)	91·1%	86·6–94·8	512	471–549	81·0%	74·5–86·9
Southern Latin America	62	2	(0–8)	3·2%	0·1–13·5	2	0–8	3·2%	0·3–12·6
Southern sub-Saharan Africa	75	37	(21–53)	48·9%	28·1–70·7	27	15–39	35·7%	20·3–51·9
Tropical Latin America	207	26	(7–72)	12·4%	3·3–34·7	26	8–65	12·4%	3·9–31·6
Western Europe	424	25	(11–44)	5·9%	2·7–10·4	10	5–19	2·5%	1·2–4·4
Western sub-Saharan Africa	367	364	(360–366)	99·4%	98·2–99·9	356	345–361	97·1%	94·1·9–98·6
Global*	7125	5312	(5005–5535)	74·6%	70·3–77·7	4797	4564–5014	67·3%	64·1–70·4

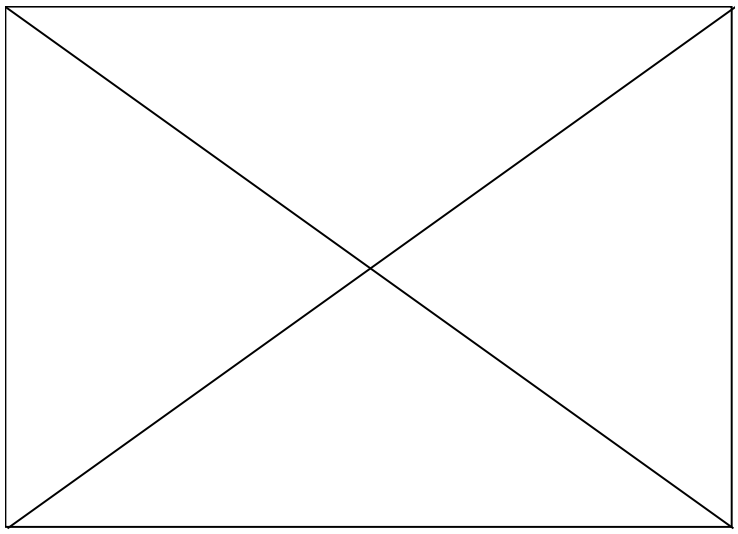
Table 1

Total population and proportion of population without access to surgery by Institute for Health Metrics and Evaluation global burden of disease region (Table taken from The Lancet Volume 3, No. 6, e316–e323, June 2015)

In the above shown figure and table is shown how unequal the access is for safe and affordable surgical an anaesthesia care. In the same article from where these pictures where taken, is written that an estimated 30% of the global disease burden is surgical (Alkire et al., 2015).

2.2 Surgical care in primary health care

What type of surgery is needed? The video "WHO: Access to Emergency and Essential Surgical Care "is giving a quick overview of what is lacking in surgical care for billions and what the implications are. Examples of basic surgery treatments are: treatment of injuries, infections, complications of diabetes, obstetrician surgical care (an estimated 800 women die daily of



preventable causes in pregnancy and childbirth), congenital anomalies (clubfeet, cleft palate, think of the disability and the stigmas for these persons) and cancer treatment.

3 THE (PAST) ATTITUDE TOWARDS GLOBAL SURGICAL HEALTH CARE DEVELOPMENT

In the bulletin of the world health organisation of June 2011 "Surgery as a public health intervention: common misconceptions versus the truth" Jin Yung Bae et al, presents some of the very common perceptions concerning surgical care in development aid. To name a few:

- Surgical care is only addressing a small portion of the global disease burden, so it is low priority.
- Surgical care is too expensive to be implemented as part of public health care
- The Global Health community has been helping out in the imbalance of availability of surgical care through short term medical missions

In this bulletin surgery is called "the neglected stepchild of global health". No major donor is dedicating funds and skills to structurally improve the imbalances in availability of safe surgical care worldwide (Bae et al., 2011)

4 THE NEW APPROACH TOWARDS GLOBAL SURGICAL HEALTH CARE

From the Resolution 68.15 of the World Health Assembly, the report "Global Surgery 2030" and the articles "Surgery as a public health intervention: common misconceptions versus the truth" (Bae et al., 2011) and "An estimation of the global volume of surgery: a modelling strategy based on available data" (Weiser et al.,2008) we learn that surgical care:

- Is not (!) addressing a small portion of the global disease burden
- Is not expensive to be implemented as part of public health care
- Short term medical missions are providing important relief in immediate crises situations, but are not contributing to a permanent strengthening of local health infrastructure and staff training nor providing development of local long-term surgical capacity

4.1 What needs to be done?

In the report "Global Surgery 2030" there are set targets to achieve universal access to safe, affordable surgical and anaesthesia care when needed by the year 2030. Examples are 80%

coverage of essential surgical and anaesthesia services, 5,000 procedures per 100,000 population, 100% protection against catastrophic expenditure (Catastrophic expenditure means payments for surgical interventions that the patient has to pay that exceeds 10% of total income)

	Definition	Target
Access to timely essential surgery	Proportion of the population that can access, within 2 h, a facility that can do caesarean delivery, laparotomy, and treatment of open fracture (the Bellwether Procedures)	A minimum of 80% coverage of essential surgical and anaesthesia services per country by 2030
Specialist surgical workforce density	Number of specialist surgical, anaesthetic, and obstetric physicians who are working, per 100 000 population	100% of countries with at least 20 surgical, anaesthetic, and obstetric physicians per 100 000 population by 2030
Surgical volume	Procedures done in an operating theatre, per 100 000 population per year	80% of countries by 2020 and 100% of countries by 2030 tracking surgical volume; a minimum of 5000 procedures per 100 000 population by 2030
Perioperative mortality	All-cause death rate before discharge in patients who have undergone a procedure in an operating theatre, divided by the total number of procedures, presented as a percentage	80% of countries by 2020 and 100% of countries by 2030 tracking perioperative mortality; in 2020, assess global data and set national targets for 2030
Protection against impoverishing expenditure	Proportion of households protected against impoverishment from direct out-of-pocket payments for surgical and anaesthesia care	100% protection against impoverishment from out-of-pocket payments for surgical and anaesthesia care by 2030
Protection against catastrophic expenditure	Proportion of households protected against catastrophic expenditure from direct out-of-pocket payments for surgical and anaesthesia care	100% protection against catastrophic expenditure from out-of-pocket payments for surgical and anaesthesia care by 2030

Figure 2.

Core indicators for monitoring universal access to safe, affordable surgical and anaesthesia care when needed (Figure taken from "Global Surgery 2030" report)

5 CONCLUSION

It has been a long process for surgical care to develop from "neglected stepchild of global health" to the World Health Assembly resolution "strengthening emergency and essential surgical and anaesthesia care as a component of universal health coverage". A lot of work needs to be done to ensure that article 25 of the Universal Declaration of Human Rights is implemented worldwide, certainly when it comes to providing global safe surgery for everyone.

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