



# Global Surgery 2030

evidence and solutions for achieving health, welfare, and economic development

## Policy Brief:

### ACTIONS AND OPPORTUNITIES FOR THE INTERNATIONAL COMMUNITY

Realising global health, welfare, and development goals during the period 2015-2030 will not be possible without improving *access to safe and affordable surgical care when needed* for those living in low-income and middle-income countries (LMICs). The landmark report, *Global Surgery 2030: evidence and solutions for achieving health, welfare and economic development* shows that between 28-32% of the global burden of disease is amenable to surgical treatment, yet as many as 5 billion people worldwide lack access to surgical care, predominantly in LMICs. An additional 143 million operations are required each year to save lives and prevent disability from surgical conditions, and 33 million people face catastrophic expenditure paying out-of-pocket for surgical care. The report also identifies key opportunities for local and global collective action to address these challenges and to assure better global surgical care for all by 2030.

The international community can support national governments in realising the health, welfare, and economic development gains of better surgical and anaesthesia care through the following actions:

Advance health, welfare, and development by improving access to surgical and anaesthesia care

#### *Provide targeted health systems financing to the poorest countries for surgical scale-up*

Low-income and lower-middle income countries will require external financial support from the international community to scale-up surgical care in order to meet population needs. Provision of direct financial support for health systems strengthening, with targeted funding for surgical care, will be crucial to achieving the health, welfare and economic gains conferred by improved surgical care in the world's poorest regions.

#### *Support surgical capacity building in LMICs by fostering collaborative partnerships with local providers*

International global health agencies, academic institutions, charitable organisations and professional associations can support surgical capacity building in LMICs by developing collaborative partnerships with national governments and local providers. These partnerships may be especially useful for supporting surgical workforce development, education and training, as well as the design and delivery of coordinated surgical services within health systems. For partnerships to be effective they must promote co-development, address locally articulated needs and support local capacity building in a manner that is sustainable and ethical.

### *Support global health financing policies that promote equitable and affordable surgical and anaesthesia care in LMICs*

Access to safe, affordable, and timely surgical care in LMICs can be significantly accelerated through universal health coverage (UHC). UHC seeks to safeguard people from the financial uncertainty associated with using health services while promoting equity. Accessing surgical care is currently associated with high levels of catastrophic expenditure and impoverishment in LMICs, especially amongst the poorest, because payment for surgery is mainly out-of-pocket. International institutions must support health financing policies and mechanisms that allow countries to progress towards pro-poor UHC. This includes assuring financial risk protection against the costs of surgical care early in UHC expansion pathways, by providing coverage for a basic package of essential surgical care.

### *Recognise the importance of surgical and anaesthesia care in achieving the health-related Sustainable Development Goals*

The international community plays a powerful role in agenda-setting and norm promotion in global health, including shaping the post-2015 Sustainable Development Goals. Surgical care is a key component in a functional and resilient health system and is needed for the management of a diverse range of common conditions in LMICs. However this has previously been poorly recognized by international global health agencies. The international community must acknowledge that surgical care is an integral tool for health and economic development in LMICs, including achieving the health-related SDGs. In particular, surgical care will have a key role in the management of non-communicable diseases (NCDs) and injuries, two rapidly growing health challenges in LMICs that are set to feature prominently in post-2015 global health goals.

Advance global knowledge, knowledge translation and implementation science for surgical and anaesthesia care

### *Support epidemiological, clinical and health systems research for better global surgical and anaesthesia care*

International institutions and organisations can play a key role in supporting research on the global burden of surgical disease, the value and cost-effectiveness of specific clinical interventions and platforms for managing surgical conditions in LMICs. They can also support health policy development focused on improving access to safe and affordable surgical care and delivery of surgical services at the population level. To maximise the impact of research on outcomes, the international community should focus on developing effective research collaborations with local providers and national governments and on collecting information that can directly inform country-specific improvements in surgical care.

---

### *Provide technical assistance and policy support for the collection and monitoring of global surgical indicators*

Global health and development agencies can play a central role in tracking and reporting surgical care as part of efforts to monitor broader gains in health. These agencies must include the Commission's core indicators for monitoring universal access to safe, affordable surgical care when needed within their monitoring frameworks, including the World Bank's World Development Indicators and the new Global Reference List of 100 Core Health Indicators. All agencies using comprehensive household surveys for health – including The World Bank, WHO and USAID – should support countries in collecting data about surgical conditions and surgical care by including uniform and validated questions for surgery within their household surveys (e.g. LSMS, DHS, MICS). Facility-based surveys (e.g. the WHO Hospital Assessment Tool) should similarly include consistent and validated questions for surgical care. Indicators and targets for the new post-2015 health and development goals, including the SDGs and those for UHC, should include the preparedness for, delivery of, and impact of surgical care.

### *Support and finance innovations in equipment and technology built specifically for low-resource contexts*

The international community, in collaboration with LMIC partners, should increase efforts to research, develop, and finance low-cost, effective and durable surgical and anaesthesia equipment and technology designed specifically to meet the needs of low-resource environments. High-income countries can also benefit from this process through the collaborative development of effective, low-cost innovations for surgical care which are applicable to both low-resource and high-resource settings.