

Global Surgery

For Prelims: <u>Low- and Middle-Income Countries (LMICs)</u>, Disease Control Priorities Network (DCPN), World Bank (WB), World Health Organization (WHO), <u>Universal Health Coverage</u>.

For Mains: Global Surgery, Government Initiatives Related to Healthcare.

Source: TH

Why in News?

Global surgery is the neglected stepchild in global health. The neglect is more shocking in South Asia which has the largest population globally lacking access to essential surgery.

What is Global Surgery?

About:

- Global surgery focuses on Equitable Access to Emergency and essential surgery. While
 it predominantly focuses on Low- and Middle-Income Countries (LMICs), it also
 prioritises access disparities and under-served populations in high-income
 countries (HICs).
- These "surgeries" include essential and emergency surgeries such as surgery, obstetrics, trauma, and anaesthesia (SOTA).

History:

- In 2015, often referred to as the "Annus Mirabilis" or miracle year for global surgery, key
 developments transformed the field. The Disease Control Priorities Network (DCPN)
 report sponsored by the World Bank (WB) highlighted the cost-effectiveness of
 essential surgery and the significant disease burden that could be addressed
 surgically.
- The Lancet Commission on Global Surgery (LCoGS) played a crucial role by assessing global surgical care access, defining indicators for readiness, and proposing strategies like the National Surgical, Obstetrics, and Anaesthesia Plan (NSOAP).
- This laid the groundwork for the <u>World Health Organization (WHO)</u> Declaration on Safe Surgery (WHO Resolution 68.15), emphasizing the essential role of surgical systems in achieving <u>Universal Health Coverage</u>.

What are the Challenges and Disparity in Global Surgery?

• Inaccessibility:

- As per the LCoGS, over 70% of the global population, or five billion people, lack timely access to safe and affordable surgical care when needed.
- In Low- and lower-middle-income countries (LLMICs), 99% and 96% of the population, respectively, **face access gaps**, compared to **24% in high-income countries (HICs).**
- Particularly in South Asia, over 98% of the population lacks access to safe and affordable surgical care.

Disease Burden:

- Surgically treatable conditions led to around 17 million deaths in 2010, surpassing the combined mortality burden of <u>HIV (Human Immunodeficiency Virus)/AIDS (Acquired ImmunoDeficiency Syndrome)</u>, <u>Tuberculosis</u>, and <u>Malaria</u>.
- Low- and middle-income countries (LMICs) have over 77 million surgically avertable
 Disability-Adjusted Life-Years (DALY), constituting 3.5% of the total disease burden in these countries.
 - South Asia has a higher DALY rate than the LMIC average, contributing significantly to surgically avertable burdens in neonatal and maternal diseases, congenital anomalies, digestive conditions, and injuries.

Economic Burden:

- The absence of scaling up surgical care is projected to result in a cumulative loss of USD
 20.7 trillion (in purchasing power parity terms) to global GDP across 128 countries by 2030.
- The annual loss in societal welfare is estimated to be about USD 14.5 trillion for 175 countries.
- South Asia contributes about 7% to the global lost welfare.

Limited Representation in International Health Reports:

- Surgery contributes to less than 1% of indicators mentioned in major international health reports by organizations such as the World Bank, WHO, and UNICEF.
- This lack of representation **may result in reduced prioritization in global health** initiatives and resource allocation.

Neglect in National Policy Making:

- National Health Strategic Plans from various countries, such as those in Africa and India, often exhibit limited attention to surgery. Some plans do not mention surgery or surgical conditions at all, while others mention them only sparingly.
- This lack of emphasis in national policies may hinder the development of comprehensive healthcare systems.

Research Disparities:

- A significant disparity exists in research attention and funding between global surgery and broader global health topics.
- The limited number of 'global surgery' titles in databases like PubMed compared to 'global health' titles highlights the gap in research focus.
- This disparity may hinder the generation of evidence-based practices in surgical care

Interconnected Challenges:

- Neglect in one aspect, such as policy or research, can perpetuate neglect in other areas, creating a cycle of under prioritization.
- The lack of representation in international reports may influence national policies, which, in turn, affects research funding and attention.

What are the Government Initiatives Related to Healthcare and Surgery?

- National Health Mission
- Ayushman Bharat
- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)
- National Medical Commission
- PM National Dialysis Programme
- Janani Shishu Suraksha Karyakram (JSSK)
- Rashtriya Bal Swasthya Karyakram (RBSK)

Way Forward

- There is a need to support and encourage research in global surgery to generate evidence-based practices, innovations, and solutions. Prioritize research funding for surgical interventions, outcomes, and healthcare delivery models that can be adapted to resource-limited settings.
- There is a need to encourage countries to develop and implement NSOAPs, demonstrating a commitment to improving surgical care at the national level. NSOAPs provide a roadmap for

- strengthening surgical systems, infrastructure, and workforce.
- There is a need to advocate for **sustained and increased financing for surgical care.** Develop funding mechanisms that prioritize surgical infrastructure, training, and service delivery. Engage with international donors, governments, and philanthropic organizations to allocate resources for global surgery initiatives.

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