



## Global Surgery

**For Prelims:** [Low- and Middle-Income Countries \(LMICs\)](#), Disease Control Priorities Network (DCPN), [World Bank \(WB\)](#), [World Health Organization \(WHO\)](#), [Universal Health Coverage](#).

**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 [World Health Organization \(WHO\)](#) Declaration on **Safe Surgery (WHO Resolution 68.15)**, emphasizing the **essential role of surgical systems** in achieving [Universal Health Coverage](#).

### 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 [HIV \(Human Immunodeficiency Virus\)/AIDS \(Acquired ImmunoDeficiency Syndrome\)](#), [Tuberculosis](#), and [Malaria](#).**
  - 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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